

PARISH NAME \_\_\_\_\_

FORMATION YEAR: \_\_\_\_\_ TO \_\_\_\_\_

**IF YOU HAVE ALREADY REGISTERED THIS YEAR, WE ONLY NEED YOU TO FILL OUT BELOW THE LINE OF STARS**

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M or F  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Current Grade in School \_\_\_\_\_ T-Shirt Size S M L XL 2XL 3XL  
 Sacraments Received (Circle):      Baptism      Reconciliation      Eucharist      Confirmation

PARENT / GUARDIAN NAME 1: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 PHONE(S) - HOME \_\_\_\_\_ WORK \_\_\_\_\_ MOBILE \_\_\_\_\_  
 MOBILE CARRIER (Circle): Verizon      AT&T      T-Mobile      Other: \_\_\_\_\_

PARENT / GUARDIAN NAME 2: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 PHONE(S) - HOME \_\_\_\_\_ WORK \_\_\_\_\_ MOBILE \_\_\_\_\_  
 MOBILE CARRIER (Circle): Verizon      AT&T      T-Mobile      Other: \_\_\_\_\_

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 EMERGENCY CONTACT NAME: \_\_\_\_\_  
 EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

PRIMARY PHYSICIAN NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MEDICAL CONDITIONS AND/OR ALLERGIES: \_\_\_\_\_

Note: All Medical Information will be maintained in a strictly confidential manner. Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical conditions, a separate sheet will need to be attached with a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth is not able to self-administer these treatments and to communicate with Emergency Response Personnel. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

**Medications: INITIAL All that Apply – Note: DO NOT INITIAL ALL AREAS AS ONE MAY CANCEL OUT ANOTHER**

\_\_\_\_\_ This child takes no medication and will bring no medication with him/her.

\_\_\_\_\_ This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of any event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

\_\_\_\_\_ **No medication of any type** whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_ I grant permission for the following nonprescription medication to be given to this child: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE CHILD'S HEALTH INSURANCE CARD IF APPLICABLE**

**CONSENT TO PARTICIPATE AND LIABILITY RELEASE**

In consideration for allowing Youth to participate in youth activities and functions, I/we, the parent(s)/guardian(s)/conservator(s) of Youth grant permission for Youth to travel to and participate in youth events and activities. I/we assume all risks and hazards incidental to Youth's participation in the Event, including transportation to and from the Event. In consideration for allowing Youth to participate in the event listed above, and on behalf of myself/ourselves and Youth's parents, legal guardians, siblings, heirs, assigns, and personal representatives, I/we hereby release and agree to fully and unconditionally protect, indemnify, and defend the Parish, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Youth) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to Youth's participation in youth events and activities, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, attorneys' fees, and expenses incurred by the prevailing party

**AUTHORIZATION OF CONSENT TO TREAT MINOR**

I, \_\_\_\_\_ am the \_\_\_ parent, \_\_\_ guardian or \_\_\_ conservator of \_\_\_\_\_, a minor, and as such do hereby authorize \_\_\_\_\_ (Parish), its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

**AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT**

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to \_\_\_\_\_ (parish) the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child \_\_\_\_\_ (youth), or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release and agree to fully and unconditionally protect, indemnify, and defend \_\_\_\_\_ (parish), the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Student) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the use or publication of any photographs, videos, or other images of my child, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

\_\_\_\_\_  
Signature of Parent/Guardian/Conservator

\_\_\_\_\_  
Date