

St. Benedict

Sacred Heart of Jesus

St. Ann

Registration form for Freshmen/ Sophomore Religious Ed

2009-10

Please print clearly and complete both sides for each high school youth. **Registration cost is \$60** and checks should be made out to **St. Benedict Church**. You can mail them to: Janet Roth, 111 South 9th Street, TH, 47807. **Deadline is September 7th** .

Youth name _____ Cell _____

Address _____

City _____ State _____ Zip _____

Youth Email _____

Birthday _____ Sex (circle one) Male Female Age ____ Grade _____

School _____ Parish _____

Parent's Names _____

Parent's Email _____

Parent's Home Phone _____ Work _____

Cell _____

Youth allergies and / or other medical conditions _____

INSURANCE INFORMATION (BOTH LINES MUST BE COMPLETED)

Family Health Insurance Company _____

Policy Number _____

Please complete opposite side.

MEDICATION:

If prescription and / or non-prescription medications are needed, please send them with your child and list these medications in the following section and include product name and physicians instructions on dosage and frequency. Any medications brought to the program should be clearly labeled and in their original container. -

- 1. _____
- 2. _____

I understand that all medications will remain in the possession of the adult leader (exception: inhaler) and can be dispensed as prescribed. I give permission to adult leaders to administer Tylenol or Ibuprofen in appropriate doses at any event if your child requests it for headaches or muscle aches. **Please check here _____** I hereby give permission to adult leaders to administer first aid to my child who has minor injury such as bee sting or other minor injuries. **Please check here _____**

I grant permission for my child to participate in Youth Ministry events. I will not hold the parishes of St. Ann, Sacred Heart of Jesus, or St. Benedict responsible in the event of any injury or accident to my son or daughter while participating in any youth events, and / or traveling to these events.

In case of emergency, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to seek treatment for my son / daughter. I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

If you cannot reach me **in case of emergency**, please contact:

Name _____ Home phone _____

Cell _____ Relationship _____

YOUTH PARTICIPANT: I do understand that I am expected to act in a Christian manor, obey rules, and treat others with respect. I understand that using tobacco products, drugs, or alcohol is not allowed.

I also understand that cell phones or electronically controlled devices are prohibited during Catechesis classes, retreats, etc. I understand that my parents / guardians will be notified at the time of any infractions requiring my dismissal from the program, and that I will be sent home.

YOUTH SIGNATURE _____
