

Youth Faith Formation Registration 2019-2020

St Mary's ~ Queen of the Holy Rosary ~ Holy Cross

Catechesis of the Good Shepherd (4 years-2nd grade), Kids4Jesus (3rd-5th grade),
Edge (6th-8th grade), LifeTeen (9th-12th grade)
First Reconciliation, First Communion, Confirmation

Parents Name(s): _____

Mailing Address: _____

Email Address: _____

Home # _____ Work # _____ Cell Phone# _____

PREFERRED METHOD OF COMMUNICATION? PHONE EMAIL TEXT

	<u>NAME</u>	<u>GRADE</u>	<u>DOB</u>	<u>PROGRAM(S)</u>
<i>Example</i>	John Doe	7th	8/6/1999	Edge & Confirmation
1st Youth's Name	_____	_____	_____	_____
2nd Youth's Name	_____	_____	_____	_____
3rd Youth's Name	_____	_____	_____	_____
4th Youth's Name	_____	_____	_____	_____

Medical/Emergency Information

List any allergies (including food allergies), chronic illnesses or other conditions: _____

Does your child(ren) take any medications ___ No ___ Yes Please, list: _____

Insurance Carrier _____ Group # _____

Has the student(s) received a tetanus shot in the past ten years? ___ Yes ___ No

In case the parent or legal guardian can not be reached in the event of any emergency, the following person is authorized to act on my/our behalf: Name: _____ Phone: _____

Relationship to student(s): _____

Permission/Medical Release

The above mentioned participants are permitted to participate in the activities planned at the Holy Cross Parish Faith Formation including any activities that the youth may need to be transported to outside the facilities for the year 2019-2020, such as retreats, community service projects or recreation, etc.

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, person(s) will not hold Holy Cross Catholic Church, the Diocese of Rapid City, any volunteer, chaperon, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of South Dakota or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent or Legal Guardian

Emergency Phone Number: _____

Permission to Photography

Without compensation, I hereby grant permission to the Diocese of Rapid City & Holy Cross Catholic Church of Timber Lake, SD to use and reproduce photographs of me or my child. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites), and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists, and the publications or media outlets they represent as well as the Diocese of Rapid City, from all claims and liability relating to said photographs.

