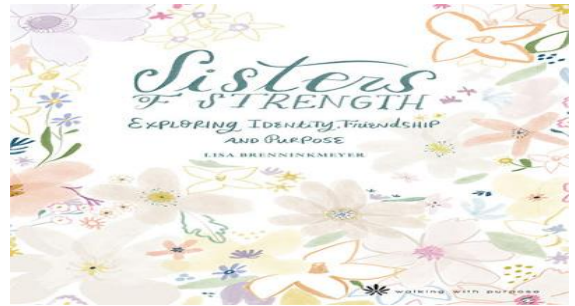
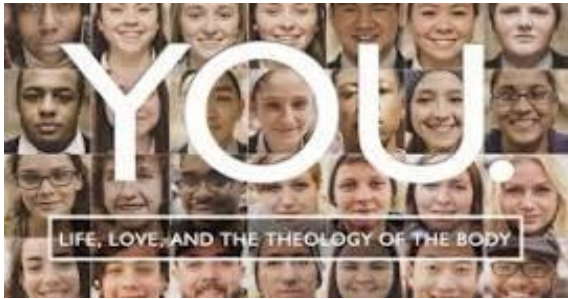


Our Lady of Guadalupe High School Girls' Study



Name: _____

Address: _____

Month & Date of Birth: _____ Age: _____

Current Grade as of Sept.: _____ School: _____

Parish: _____ Best Contact #: _____

Best Email for Contact: _____

Mother/Guardian's Name & Cell No: _____

Father/Guardian's Name & Cell No: _____

Emergency Contact Name/Cell #: _____

Food/ Drug / Environmental Allergies:

Other physical or emotional conditions or situations you would like us to be aware of: __

Fee for Bible Study: \$20.00 (Covers snacks at each meeting.) Cash or made payable to Our Lady of Guadalupe.

We will be starting Theology of Body YOU from the beginning this year. This is the high school version of T.O.B. I will be interjecting a lesson from Walking with Purpose, "***Sisters of Strength***," specifically written for high school girls and what their lives look like throughout the year. You won't have to buy anything for this study, I will make copies if needed. For T.O.B., if you want to buy the workbook for ***YOU, Life, Love and Theology of the Body***, you can order it through Ascension Press. I can give out copies of the workbook each lesson for those who don't have a workbook.

I will purchase the *YOU, Life, Love and Theology of the Body* Student Handbook:
YES: _____ NO: _____

Facilitator: Lisa Kopertowski / Director of Youth & Young Adult Ministries
Contact Info:

youthministry@olguadalupe.org or call
#267-337-2822.

Our study will run on 2nd and 3rd Sundays every month, (with some exceptions,) from 11:00 am. – 12:30 pm. in the Frassati Youth Room in the PLC / 2nd Floor. Any girl can join the program at any time during the year.

Please be sure your daughter has a Catholic Bible for the meetings, as well as her journal and pen, etc. If possible, please have their Bible covered with their name written in it. Thank you.



Our Lady of Guadalupe / Youth Ministry Program

MEDICAL INFORMATION & LIABILITY RELEASE

Student Name: _____ Birth Date _____
First Middle Last

Address: _____
Street City State Zip

Home Phone: _____ Student Cell Phone: _____

EMERGENCY TELEPHONE NUMBERS: Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Name/Cell #: _____ Home #: _____

Emergency Contact: Name/Cell#: _____ Phone: _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance Group Number _____

MEDICAL INFORMATION:

Family physician's Name _____ Phone _____

Date of last tetanus shot: _____

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____

Environmental/Other _____

Physical Limitations of which we should be aware: _____

My child requires the following medicine: _____ Frequency _____

My child has permission to be given Tylenol or Ibuprofen if they request it. Yes _____ No _____

In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Our Lady of Guadalupe Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability:

Date: _____

Signature of Parent or Legal Guardian

Continued on other side.....



Consent Form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing, for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Name of Participant/Youth: _____

Address: _____

City/Town, State and Zip Code: _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian E-mail: _____

Signature of Parent/Legal Guardian: _____

Print Name of Parent/Legal Guardian: _____

Please Note: By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person about all group related activities, as well as from individuals on the Youth Ministry Leadership Team and other adult leaders who are associated with the Youth Ministry Program and help organize events and rides.

Teen Participant's e-mail: _____

Teen Participant's cell phone: _____

I would prefer that all electronic communication with my child be sent through the following Parent's / Guardian's email.

Initial and sign for Parent Communication ONLY: _____

Name of Parent or Guardian _____

Parent/Guardian E-mail for Electronic Communication: _____

Signature of Parent or Guardian _____ **Date:** _____



ARCHDIOCESE OF PHILADELPHIA

Consent Form: Posting Pictures/Videos of Minors

Parish Organization: YOUTH MINISTRY
Parish: OUR LADY OF GUADALUPE

To protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check the one which applies.)

_____ I give my permission for my child's picture, with name, to be posted on the parish website, parish social network page and/or church bulletin, associated with this parish organization.

_____ I give my permission for my child's picture, without name, to be posted on the parish website, parish social network page and/or church bulletin, associated with this parish organization.

_____ I do not give permission for my child's picture to be posted on the parish website, parish social network page and/or church bulletin.

Name of Child

Name of Parent/Guardian - please print

(Date)

Signature of Parent/Guardian

