



OUR LADY OF GUADALUPE CHURCH

Registration Form

Family Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Table with 7 columns: Teen's Full Name, Birthday, M/F, Teen's E-mail Address, Teen's Cell phone #\*, May I text your teen? Y/N, School/Grade

\*Note: By indicating teen's cell phone number you acknowledge and agree to your teen being contacted by cell phone and/or receiving text messages about Youth Ministry activities.

Is the family registered at Our Lady of Guadalupe? Yes \_\_\_ No \_\_\_ If no, please list your parish: \_\_\_\_\_

Father's /Guardian's name & cell #: \_\_\_\_\_ Mother's /Guardian's name & cell #: \_\_\_\_\_

In the event of an emergency our policy is to contact parent(s) FIRST and then emergency contact person below only if a parent CAN NOT be reached

In the event of an emergency, when parent can't be reached, call (please indicate someone other than parents):

Emergency Contact Name: \_\_\_\_\_ Relationship to teen: \_\_\_\_\_

Best phone in emergency: \_\_\_\_\_

May I communicate with your teen via the various social network sites (ex. Facebook, Instagram, etc.)? \_\_\_ Yes \_\_\_ No
Please indicate any specific concerns that our Youth Ministry Team should be aware of regarding your teen.

\*\*Known Allergies of any type: (drug, food, environmental)

I give my permission for my child's picture to be taken as a part of youth ministry activities and to be used in any promotion of parish youth activities including the Parish bulletin, Youth Ministry Flyers, Parish/Youth Ministry Website, etc.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

Registration Fee: \$35.00\*\*

Make Check payable to Our Lady of Guadalupe.

\*\*Please contact Lisa Kopertowski if this is a financial difficulty. No youth will be prevented from attending for this reason.



**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 \_\_\_\_\_ 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: \_\_\_\_\_

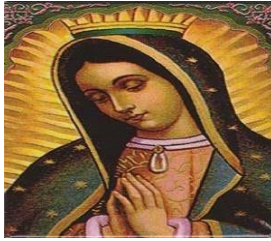
My child requires the following medicine: \_\_\_\_\_ Frequency \_\_\_\_\_

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:

\_\_\_\_\_  
**Parent or Legal Guardian** Date: \_\_\_\_\_

**Signature of**



## 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: \_\_\_\_\_

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**

**In order 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



## COVID-19 Liability Release Waiver for 2022/2023 Our Lady of Guadalupe Youth Ministry Programs

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Our Lady of Guadalupe Parish, including but not limited to all Youth Ministry Programs, takes precautions to sanitize and disinfect all areas where meetings are held. Masks are not required during any events, however if your child wishes to wear a mask, your wishes will be respected.

By signing this form, you consent to being aware of the following COVID-19 symptoms, and if your child/teen should in any way experience any of them, you will refrain from sending them to Youth Ministry Events. You also acknowledge that should your child contract COVID-19, and they recently attended a youth ministry meeting/gathering, you will immediately notify Lisa Kopertowski, Director of Youth & Young Adult Ministry at #267-337-2822.

### Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Cough
- Difficulty Breathing

### I agree to the following:

- I understand the above symptoms and affirm that I, my child/teen, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I understand that Our Lady of Guadalupe Parish, any of its employees or volunteers in the Youth Ministry Programs, cannot be held liable for any possible exposure to, or harm/sickness incurred from exposure to the COVID19 virus caused by attending Youth Ministry events, or any misinformation on this form.

Our Lady of Guadalupe will continue to follow all procedures to prevent the spread of COVID-19 in our parish building and meeting rooms as well as our church. We take caution when hosting a Youth Ministry meeting/event in the Parish Life Center at Our Lady of Guadalupe as well as the church itself.

By signing below, I agree to each statement above and release Our Lady of Guadalupe Parish, its' employees, and volunteers in Youth Ministry, from all liability for unintentional exposure or harm due to COVID-19.

**Name of Child / Teen:**

\_\_\_\_\_ **Print**  
**Name**

**Parent(s) / Guardian(s) Signature:**

\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**  
\_\_\_\_\_  
Relationship to child/teen

**Parent(s) / Guardian(s) Signature:**

\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**  
\_\_\_\_\_  
Relationship to child/teen