



OUR LADY OF GUADALUPE CHURCH

2022/2023 Registration Form

Family Name: _____ Email Address: _____

Address: _____ Home Phone: _____

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. (Academic, physical or, emotional or mental concerns, i.e., depression, any major events in their life that have affected them that we should be aware of and are sensitive to, etc.)? _____

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

I give my permission for my child's picture to be taken as part of youth ministry activities, and to be used in any promotion of parish youth activities including the parish bulletin, website, youth ministry flyers, 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:

Signature of Parent or Legal Guardian Date: _____



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