



OUR LADY OF GUADALUPE LITTLE FLOWERS GIRLS' CLUB

2022/2023 REGISTRATION FORM

Participant Name: _____ Age: _____

Current Grade: _____ School: _____

Mother's Name & Cell #: _____

Father's Name & Cell #: _____

Primary E-Mail for Little Flowers Group: _____

Address: _____

Emergency Contact Name & Cell #: _____

Member of Our Lady of Guadalupe Parish: YES _____ NO _____

Known Allergies:

List all Food / Drug/ Environmental Allergies:

List any other concerns or issues you feel we should be aware of concerning your daughter:

Names of people who have permission to pick-up my child: (Your child cannot be picked up by anyone who is not listed on this form unless you call or text Lisa Kopertowski, prior to the start time of our meetings, and advise the name of the person that will be picking up your child.)

Name (s)/Cell Number(s):

I hereby give permission for pictures of my daughter taken during Little Flowers Girls' Club events to be posted on the parish Website, Our Lady of Guadalupe social media and/or weekly parish bulletin. YES _____ NO _____

Do you wish to help when needed at our meetings? YES _____ NO _____

Do you have your clearances with the Archdiocese of Philadelphia: YES _____ NO _____

****If you would like to get your clearances, please contact Lisa Kopertowski/Director of Youth & Young Adult Ministry, to help you facilitate your clearances.**

Registration Fee: \$35.00 – (Check made payable to Our Lady of Guadalupe or cash payment.)

If cost is an issue, please contact Lisa Kopertowski at youthministry@olguadalupe.org. We don't want any girl to miss this wonderful opportunity because of financial difficulty.

Parent Signature: _____

Printed Name: _____

Date: _____



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: _____

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 _____

Please list here any issues with your daughter that you feel we should be made aware of so that we understand where she may be coming from? (Emotional, behavioral, psychological, divorce, bullying, etc.)

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: _____



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.

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Name of Child

Name of Parent/Guardian - please print

(Date)

Signature of Parent/Guardian