

**OUR LADY OF GUADALUPE CHURCH**  
2022/2023 Registration Form

Family Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

<u>Teen's Full Name</u>	<u>Birthday</u>	<u>M/F</u>	<u>Teen's E-mail Address</u>	<u>Teen's Cell phone #*</u>	<u>May I Text your teen? Y/N</u>	<u>School/Grade</u>

**\*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 the parish? \_\_\_\_ Yes \_\_\_\_ No If Member of another parish, please indicate \_\_\_\_\_

• Father's /Guardian's name & Number: \_\_\_\_\_

• Mother's /Guardian's full name& number: \_\_\_\_\_

**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 \_\_\_\_\_

Phone (home, work & cell): \_\_\_\_\_

• My teen has permission to drive to/from youth meetings and offsite youth events. \_\_\_\_ Yes \_\_\_\_ No

• 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 Behavior, mental concerns, i.e., depression, any major events in their life that have affected them that we should be aware of and sensitive to, etc.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- **\*\*Known Allergies of any type, (food, allergies, environment, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

**Please note that there is a \$35.00 registration fee. Please make all checks payable to Our Lady of Guadalupe and return with complete registration paperwork. Please contact Lisa Kopertowski if the registration fee is a financial difficulty. We will never let this prohibit any teen from being involved in our youth ministry programs.**



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

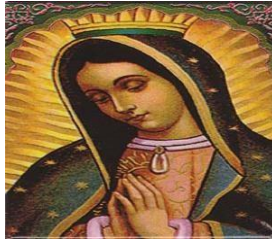
**My child requires the following medicine:** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**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**



## 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