"Blaze & Belong"

Girls' Bible Study

Name:_____

Address:_____

Child's 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:

_____

_____

Continued on other side ….

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

_____

_____

Fee for Bible Study: $25.00 (Covers snacks at each meeting.) Cash or made payable to Our Lady of Guadalupe.

You are required to purchase your own "Blaze and Belong" kit(s).

We are beginning the 2026/2027 year with the Blaze Study. Next year we will do the Belong study. You will be required to purchase the Blaze Masterpiece Kit from the Walking with Purpose website. The kit you receive should be turned in before or at the first meeting. Please do not let your daughter see what is in the kit. They will receive something from this kit at each meeting throughout the year

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

Any questions should be directed to Lisa Kopertowski.
youthministry@olguadalupe.org or call #267-337-2822.

This year our study will run on the 1st and 4th Sundays every month, (with some exceptions,) from 11:00 a.m. – 12:30 p.m. 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., (she will be given everything she needs except for the Bible.) 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

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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