St. Simon Catholic Parish

HS Youth Ministry Registration
2016-2017 Registration for Grades 9-12

Please confirm that any pre-printed information is current. If not, please cross out, neatly print updates.

Child's Name	
Address	
Student Email	

Gender	Date of Birth	Grade 2016-2017	School Attending	Child Resides with:
				☐Both Parents ☐Mother ☐Father ☐Other _____

	Mother's Contact Information	Father's Contact Information
First & Last Name		
Home Phone		
Email Address		
Cell or Work Phone		

Please indicate the Sacraments your child has already celebrated, including dates, if known:

Baptism ☐ Confirmation ☐ First Reconciliation ☐ First Eucharist ☐

CLASS: ☐ **Sun. 6:00-7:30 PM**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby authorize HS YM Personnel to render emergency medical treatment to my child in the event of injury or illness. **When I cannot be reached or notified about the illness/accident, the following have been notified and are authorized to act in my absence.** Please notify the Rectory Office immediately with any changes: dyaley@stsimon.org 650-967-8311 x22.

Contact #1:	Phone:
Contact #2:	Phone:
Doctor Name:	Phone:
Health Insurance Carrier:	Policy No.:
Preferred Hospital	
Dentist Name:	Phone:
Medications Currently Taken	
Allergies/Special Needs	
Parent (Guardian) Signature	

2016 – 2017 HSYM Registration

There will be no registration fees for high school youth ministry in 2016-2017. By registering my child I am agreeing to help provide the ingredients for meals, entire meals or pay $100 to use for meals. Please attach your check payable to "St. Simon Parish" and return to the parish by June 15, 2016. Additionally, I understand occasionally my child will need to bring money for off-site/special events. If your child needs to complete his/her Sacraments of Initiation (Baptism, Confirmation and First Eucharist), then contact the Director of Youth Ministry at 650-967-8311 x31.

(OVER →)

Office use only: Fee paid _____ Check No. _____ Cash Amount _____ Date _____ Initials _____

(OVER →)

DIOCESE OF SAN JOSE – AUTHORIZATION TO CONSENT TO EMERGENCY MEDICAL CARE AND WAIVER & RELEASE FORM

I/We_____, the undersigned, are the parent(s) having legal custody or the legal guardian of _____[child], who was born on _____,_____.

I/We hereby authorize the administration at St. Simon Parish where _____[child] is enrolled or employed to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care treatment, or diagnosis to be rendered to or for _____[child] under the general or special supervision of a physician/surgeon or dentist pursuant to Section 6910 of the California Family Code and/or Section 1317 of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the administration of St. Simon Parish. If the undersigned has left an emergency number on file at St. Simon Parish reasonable attempts will normally first be made to contact the undersigned or his/her designee at such number(s) prior to contacting an emergency treatment organization.

The following information will aid in safe, immediate care by medical personnel:

Date of last tetanus immunization:_____
Known allergies to medications:_____

I/We understand that St. Simon Parish is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned herby agree to release, discharge, indemnify and hold harmless The Roman Catholic Bishop of San Jose, a Corporation Sole, its constituent organizations, including, but not limited to St. Simon Parish and their officers, agents and employees, from any and all claims for personal injuries, property damages, or indebtedness for medical treatment expenses that I/We or my/our child may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

Dated:_____ If more than one parent/guardian, both must sign.

_____ _____
Signature of Parent or Guardian Signature of Parent or Guardian

VIDEO/PHOTO RELEASE

I hereby grant permission / do not grant permission (circle one) to St. Simon Catholic Church to videotape/ photograph my child and without limitation, to use such photos, videos and/or stories in connection with any of the work of St. Simon Catholic Church without consideration of any kind, and I do hereby release the parish, the Pastor, the parish employees and volunteers from any and all claims whatsoever which may arise in said regard.

St. Simon Catholic Parish agrees that the student's name, picture, art, voice, verbal statements, portraits (video or still) shall only be used for public relations, public information, parish promotion, publicity, and instruction. St. Simon Catholic Church further agrees that children under the age of 18 years who appear in a photograph or video will not be identified by any personal details such as name, address (e-mail or postal), telephone or fax numbers, or classroom assignment.

St. Simon Catholic Church will immediately comply with any request by a parent or legal guardian for the removal of specific photographs featuring their child or references to their child's name. Keep in mind that St. Simon Catholic Church has no control over media/ pictures/statements which are taken by anyone other than our parish employees and volunteers. Student and Parent/Guardian understand and agree that photos, videos and/or student statements may be used in subsequent years. If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Child's Name:_____Effective Date of Agreement:_____
(Print Name)

_____ _____
Signature of Parent or Guardian Signature of Parent or Guardian