

## St. Mary Youth Ministry Registration

\$30 registration fee for Middle and High School programs

Please select program(s) you are signing up for

Middle School YG (Fridays)   
  High School YG (Sundays)   
  YOUCAT (Wednesdays)   
  Groupings (times vary)

### Student Information

Student's Name:		Student's Email Address (if applicable):
Address/City/Zip:		
Home Phone:	Student Cell Phone (if applicable):	Are you a registered parishioner? If not what church are you registered at?
Date of birth:	Social Media (if applicable):	Have you been baptized & Confirmed?
School you attend:		Year you will graduate from H.S.:
Do you have any medical conditions we should know about? (use back if necessary)		

### Parent Information

Mother/Guardian Name:		Mother/Guardian Cell Phone:
Mother/Guardian Email Address:		Mother/Guardian Work Phone:
Father/Guardian Name:		Father/Guardian Cell Phone:
Father/Guardian Email Address:		Father/Guardian Work Phone:
Do you give permission for the Director of Youth Ministry & staff to contact your teen via social media, phone, text, e-mail? (if applicable)		
Do you wish to receive a monthly e-mail with upcoming Youth Ministry information?		

I agree to indemnify the St. Mary, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CATHOLIC DIOCESE OF ARLINGTON PHOTO, PRESS, AUDIO AND ELECTONIC MEDIA RELEASE

I authorize the Catholic Diocese of Arlington, and St. Mary to use and publish the photographs and/or motion picture of videotape for which I have posed, and/or audio recordings made of my voice. I agree that the Catholic Diocese of Arlington, and St. Mary may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, and Web content.

Print name: \_\_\_\_\_ Signature, parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Volunteer Opportunity (please check the boxes)

Are you Virtus Certified Yes  No

In order to make St. Mary Youth Ministry program a success we need parent and adult volunteers. Sign up and become an active member in the Youth Ministry program, there are many ways you can help out.

#### What can you help us with?

**Dinner Team** (Friday or Sundays): Provide dinner with a team of adults once every 5-6 weeks . You will be contacted to schedule a date

**Youth Groupings** (times will vary): Providing short, focused faith formation and then participating in the groups affinity.

**Youth Group Support** (Middle or High School & YOUCAT): Facilitate with small group discussions

#### Assist with Special Events:

Lock-Ins:     Retreats:     Diocesan Rally/Bash:     Trips:     WorkCamp: (summer time)

For Office Use Only: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_