

St. Mary Youth Ministry Registration 2023-2024

Please complete and submit with a \$30 registration fee to help us offset costs throughout the year

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/allergies we should know about? (use back if necessary)		

Please select program(s) you are most likely to attend			
<input type="checkbox"/> Middle School	<input type="checkbox"/> MS Youth Group	<input type="checkbox"/> Fight Club (Boys 7th-8th)	<input type="checkbox"/> Feminine Genius (Girls 6th-8th)
<input type="checkbox"/> High School	<input type="checkbox"/> HS Youth Group	<input type="checkbox"/> Fight Club (Boys 9th-12th)	<input type="checkbox"/> Feminine Genius (Girls 9th-12th)
	<input type="checkbox"/> YOUCAT	<input type="checkbox"/> Leadership Ministry	<input type="checkbox"/> Senior Ministry (12th)

Parent Information	
Mother/Guardian Name:	Mother/Guardian Cell Phone:
Mother/Guardian Email Address: Do you wish to receive a monthly CYM email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother/Guardian Work Phone:
Father/Guardian Name:	Father/Guardian Cell Phone:
Father/Guardian Email Address: Do you wish to receive a monthly CYM email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father/Guardian Work Phone:

Parent Permission	
Student Contact: Do you give permission for the Director(s) of Youth Ministry & volunteers to contact your teen via social media, phone, text, and/or e-mail? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Idemnity: 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.

Medical: 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:
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Catholic Diocese of Arlington Photo, Press, Audio and Electronic 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.

Parent/Guardian Signature:	Date:
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Parent Volunteer Opportunities	
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In order to make St. Mary Youth Ministry programs a success we need parent and adult volunteers.

I am Virtus Certified: ☐ Yes ☐ No I am a Diocesan-approved Driver: ☐ Yes ☐ No

What can you help us with?	
<input type="checkbox"/> Middle School Dinner Team (Fridays): Provide dinner with a team of adults once every 2-3 months.	
<input type="checkbox"/> High School Dinner Team (Sundays): Provide dinner with a team of adults once every 2-3 months.	
WorkCamp:	<input type="checkbox"/> Crew Leader <input type="checkbox"/> Contractor <input type="checkbox"/> Security <input type="checkbox"/> Lend 7-15 passenger van <input type="checkbox"/> Other
Events/Other:	<input type="checkbox"/> Driving to Events (General) <input type="checkbox"/> Chaperoning Events (General) <input type="checkbox"/> Retreat
	<input type="checkbox"/> High School Rally <input type="checkbox"/> Middle School Bash <input type="checkbox"/> Steubenville Conference

For Office Use Only:	Date:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #:	Amount Paid:
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