

Holy Spirit Parish Faith Formation

2016-17 Youth Ministry Registration Medical & Emergency Contact Information

Teen(s) Information

Name _____

Nickname _____

Grade _____

Cell # _____

Email _____

Name _____

Nickname _____

Grade _____

Cell # _____

Email _____

Name _____

Nickname _____

Grade _____

Cell # _____

Email _____

Address _____

City _____ Zip _____

Home Phone _____

Confirmation (Grade 9)

All teens preparing for Confirmation must be registered and attending PSR or Catholic School.

Confirmed Students

Faith formation is a lifelong endeavor. Therefore, post-Confirmation is a time to engage your adolescent in this endeavor with a renewed spirit. Youth ministry helps your teen to continue his/her journey of discipleship and deepening relationship with Christ.

Beginning Date & Time:

Youth ministry will be held on Sunday mornings in the Holy Spirit meeting room from 9:45 to 10:45 am beginning **Sept. 11.**

To register for Youth Ministry (grades 9-12) at Holy Spirit, please complete this form and return it to the Director of Religious Education & Youth Ministry. Registration is required for all teens attending.

Parent(s) Information:

Mother's Name

Father's Name

Cell phone

Cell phone

Email

Email

☐ Same as last year

☐ Same as last year

Alternative Emergency Contact Person (If parents are unavailable)

Name _____

Relationship _____ Phone _____

Family Physician _____

Phone _____

Preferred

Hospital _____ Phone _____

Please describe any issue you would like to make the Director of Religious Education & Youth Ministry aware of regarding your teen(s), such as medical, developmental, legal, etc.? *This information will be kept confidential with the Holy Spirit staff and only shared with youth leaders or emergency/medical personnel, if necessary.*

Please Sign Only That Which Applies:

- ☐ In the event of a medical emergency for which every attempt to reach either parent, the Emergency Contact Person and/or the Alternative Emergency Contact Person listed above has failed, **I hereby grant permission** to have my son/daughter transported and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic.

Signature: _____ Date: _____

- ☐ I hereby warrant that to the best of my knowledge, my daughter/son is in good health. **I do not want any medical treatment** to be given to my daughter/son under any circumstances. I hereby assume all responsibility for the health and well-being of my child and release from responsibility the Bishop of the Diocese of Youngstown, and Holy Spirit Catholic Church, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program, including the Director and Coordinator of Religious Education as well as all youth volunteers.

Signature: _____ Date: _____

Parental Agreements

In registering my teen(s) for youth ministry at Holy Spirit, I grant permission for them to participate in said program. I am aware of the particulars of the program including times, cost, attendance, etc. and have clarified any concerns I may have with the Director of Religious Education & Youth Ministry. I agree that we shall abide by all policies and procedures of the program. I also agree that if my teen(s) fails to abide by the regulation set forth, he/she may be dismissed from the program. The above information is accurate to the best of my ability.

Signature: _____ Date _____

I understand that information on the program (including participant's names) will periodically be included in parish and local publications, such as the bulletin, which is available through our website. I also understand that any photographs and/or video taken during the program may be used in parish, diocesan, and local publications, including web sites and other social media sites, or at related events.

Signature: _____ Date _____

I hereby grant the Director of Religious Education & Youth Ministry or their designee permission to contact my teen via email, text, or social networking sites. All communications with parish teens will be ministry related to matters concerning classes, youth ministry events, parish events, school events, athletic/event schedules, registration forms, or pastoral in nature. The person(s) being authorized to communicate with the teen is in compliance with the Diocesan Child Protection Policy of this parish.

Signature: _____ Date _____

PARISHIONER FEES: (# of students no matter their grade level - elem., jr. high or high school)

1 student	=	\$45.00
2 students	=	65.00
3 students	=	75.00
4 students (or more)	=	85.00

***** Please contact the Director/Coordinator of Religious Education for non-parishioner fees.

Parental involvement is vital as we assist you in forming your teen(s) as disciples. Please check how you will help with Youth Ministry:

_____ Catechist	_____ Mission program	_____ Fundraisers
_____ Chaperone for events	_____ Youth Ministry Planning Team	_____ Retreats
_____ Conventions		

BIBLES:

We encourage teens to have their own Bible for use at home. We offer the *Catholic Youth Bible*, which is available for review at the parish office. The *Catholic Youth Bible* is used in youth ministry.

Bible Order:

Catholic Youth Bible - \$25.00 each

Quantity

Amount

Faith Formation Fees:

Total Amount Enclosed:

Cash \$ _____ Check # _____ (Please make checks payable to: Holy Spirit Parish)

Please return this form to: Holy Spirit Parish, Youth Ministry, 2952 Edison St. NW, Uniontown, OH 44685