



# Middle School Registration

Please fill out ONE application per child

## Student and Family Information

Student's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Age October 2023 \_\_\_\_\_

Student Cell Phone# (\_\_\_\_\_) \_\_\_\_\_

Student Email \_\_\_\_\_

Family Registered at St. Michael Parish?  Yes  No

If not registered at St. Michaels, where? \_\_\_\_\_

**If not registered with a parish, you must fill out a St. Michael Parish Registration Form.**

## Parent/Guardian Information

**What language does the primary Parent prefer?** (Circle one) English Spanish

Mother / Legal Guardian First Name \_\_\_\_\_ Last \_\_\_\_\_

Maiden Name (name prior to marriage) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Religion: Catholic Other (please Specify) \_\_\_\_\_

Father / Legal Guardian First Name \_\_\_\_\_ Last \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Religion: Catholic Other (please Specify) \_\_\_\_\_

Marital Status (check one):  Married (in Catholic Church)  Married (not in Catholic Church)  Separated

Widow(er)  Divorced  Single

**Is there any custody information we should be aware of, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health and Medical Information

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Medical Plan \_\_\_\_\_

Plan Number \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_

\_\_\_\_\_

Has your child had difficulty with the following (check all that apply):  Asthma Fainting Spells

Convulsions  Diabetes  Heart  Eyes  Ears  Nose  Throat  Lungs  Digestion  Menstrual

Other \_\_\_\_\_

List any physical restriction or restrictions for any activity on the basis of medical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

## Model Release Statement for Photos, Videos & Livestreams

- I hereby GRANT-** Permission for my child(ren) named on this form to be photographed, videotaped and/or livestreamed during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc) for the purpose of promoting the activities of St. Michael Catholic First Communion Program.
- I hereby DECLINE-** Permission for my child(ren) named on this form to be photographed, videotaped and/or livestreamed.

## Parental Permission and Acknowledgement of Conditions for Participating in Program

1. I/we, parent or authorized guardian of the child named above given permission for his/her participation in **St. Michael Catholic Church First Communion Sacrament Preparation Program**, and all related activities, including but not limited to transportation to and from this youth ministry event.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this event, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or facilities, vehicle accidents while in transport or through the activity itself.
5. My child has permission to engage with his/her faith formation class via video conferencing (i.e. Zoom) as necessary and be recorded.

## Release & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in **St. Michael Catholic Church First Communion Sacrament Preparation Program**, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest an on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements, or inducements apart from the contents of this written Agreement have been made.

**I have read this agreement and understand everything written above.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

## Middle School Ministry Teen/Parent Agreement

### TEEN COMMITMENT

I \_\_\_\_\_ agree to the following in order to participate in the **St. Michael**  
Student's Name (Print) Middle School Ministry Program:

#### Please initial each statement:

- I will arrive on time and come with an open mind and heart. I will stay for the entire gathering.
- I will be respectful of all staff, leaders, and my peers.
- I will follow directions and willingly participate in discussions and activities.
- I will not come to the gatherings under the influence of alcohol or drugs. Nor will I bring any drugs, illegal substances, contraband, weapons, cigarettes, or pornography to the gatherings.
- I will not threaten anyone, act violently or inappropriately or use profane language.
- Out of respect for others and myself, I will dress modestly.
- I understand what is expected of me in the middle school ministry program.
- If I violate any condition of this agreement, I understand that my parents / guardians will be contacted and asked to pick me up immediately.
- I will not be readmitted into future gatherings until my parents / guardians, youth ministry leader and I meet to discuss my future participation.

### PARENT COMMITMENT

I, we \_\_\_\_\_, agree to the following conditions for our son/daughter,  
Parent's Name (Print) \_\_\_\_\_  
Student's Name \_\_\_\_\_ to participate in the **St. Michael** Middle School Ministry Program:

#### Please initial each statement:

- I will discuss the above terms with my teen. I understand what is required of my teen.
- I understand that I am the primary educator of my child and will do my best to support the spiritual well-being of my child.
- I will attend Mass every Sunday and Holy Days of Obligation (per the Precepts of the Church) with my teen.
- I will pray for my teens and the other teens in the youth ministry program.
- I will get my teen to the gatherings on time and pick them up from the gatherings on time.
- I will attend all parent/teen sessions and celebrations with my teen.
- I will pick my child up if called to do so immediately and agree to meet with the Youth Minister.
- I understand the requirements of the program and what is expected of my teen and I.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed: