

EDGE MIDDLE SCHOOL YOUTH MINISTRY

Diocese of Oakland

Office of Youth and Young Adult Ministry

PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES

18 years old and Younger

T-Shirt Size: _____

Child's Name (first and last) _____ Parish _____

Address _____ Child Phone _____

School _____ Grade _____ Birth Date _____

Parent/Guardians Name _____ Home Phone _____

Address _____ Work Phone _____

Cell or other Number _____

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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 (circle all that apply):

- | | | | | | | | |
|--------|-----------------|-------------|--------------------|-------|------|------|------|
| Asthma | Fainting Spells | Convulsions | Diabetes | Heart | Eyes | Ears | Nose |
| Throat | Lungs | Digestion | Menstrual Problems | | | | |
| 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: _____

(COMPLETE BACK OF FORM)

Parental Permission and Acknowledgment 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 all Edge Middle School Youth Ministry Events/Retreats/Conferences/Youth Trips with St. Michael Parish July 1, 2018-December 31, 2019, 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.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in all Edge Middle School Youth Ministry Events/Retreats/Conferences/Youth Trips with St. Michael Parish July 1, 2018-December 31, 2019, 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 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.

Model Release Statement

I hereby (circle one) GRANT/ DECLINE permission for my child(ren) named on this form to be photographed and/or videotaped 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 all Edge Middle School Youth Ministry Events/Retreats/Conferences/Youth Trips with St. Michael Parish July 1, 2017-December 31, 2018, (Name of Parish)

I have read this Agreement and understand everything written above.

_____ Date _____
Signature of Parent or Guardian

_____ Date _____
Signature of Parent or Guardian

Parent Survey

Name: _____

Phone: _____

Email: _____

Child/Children's names: _____

1. I consider myself a...
 - Practicing Catholic who follows the teachings of the church
 - Person who was raised Catholic, but not actively practicing
 - Not Catholic
 - Not religious

2. I am enrolling my child in Faith Formation/Youth Ministry because...
 - I want them to encounter Jesus and learn to live a Christian life
 - It's a family "coming of age" tradition to receive First Communion
 - It is more important to someone in my life that my child receives religious education than it is to me.

3. Praying every day with my child is something that I ...
 - Definitely try to do.
 - Do not do, but would like to start
 - Do not do, and do not wish to do

4. Going to Mass on every Sunday and Holy Day of Obligation is...
 - Sometimes hard, but is important to do
 - Something we try to do at least once per month
 - A rare occurrence in our household.

5. My spouse and I have received Baptism, First Communion and Confirmation
 - Yes, both of us.
 - No.... (explain who needs which sacraments below)

6. My spouse and I were married in the Catholic Church.
 - Yes.
 - No, but we would like to have our civil marriage convalidated (blessed and made sacramental).
 - I am unmarried/separated/divorced.

ST. MICHAEL PARISH REGISTRATION

458 Maple Street, Livermore CA 94550

CONFIDENTIAL
PLEASE PRINT CLEARLY

FAMILY NAME/LAST	FIRST	SPOUSE	OFFICE
			Reg. No.
ADDRESS	CITY	ZIP CODE	Date Reg.
			<input type="checkbox"/> Check here if you do not wish to receive our weekly newsletter.
HOME PHONE NO. (Include Area Code)	(His) CELL PHONE NO.	(Hers) CELL PHONE NO.	
FAMILY E-MAIL ADDRESS	(His) E-mail Address	(Hers) E-mail Address	WIFE'S MAIDEN NAME

LIST TEACH FAMILY MEMBER	FIRST NAME (and last if different from family name)	Middle Initial	Male or Female	Date Of Birth	Occupation	Marital Status (see "A" below)	Religion (see "B" below)	Baptized (Yes/No)	1st Communion (Yes/No)	Confirmation (Yes/No)	Ethnicity

A: MARITAL STATUS 1 - Catholic Marriage 2 - Divorced 3 - Married/Non-Catholic Marriage 4 - Separated 5 - Single 6 - Widow/Widower	B: RELIGION 1 - Catholic 2 - Not Baptized 3 - Other _____	COMMENTS : _____ _____ _____ _____
--	--	---