

ST. RITA CATHOLIC CHURCH - YOUTH GROUP REGISTRATION 2021-2022

Teen Full Legal Name: _____
(As it appears on birth certificate) Last Name First Name Middle Name

Name Teen goes by: _____ Date of Birth: _____ Age: _____ Gender: _____

Email: _____ Home Phone: _____ Mobile Phone: _____

May we contact the teen by: Email? Yes___ No___ Phone? Yes___ No___ Text Message? Yes___ No___

Home Address: _____
Street City Zip

Name of School: _____ Grade: _____ T-Shirt Size: _____ (Small, Medium, Large, X-Large)

Parent or Legal Guardian(s):	Adult #1	Adult #2
Name:		
Relationship to teen:		
Religion:		
Mobile Phone #		
E-mail Address:		
Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

Check the Sacraments your teen has already received:

- | | |
|---|---|
| <input type="checkbox"/> Baptism (Catholic)
<input type="checkbox"/> Baptism (Other: _____)
<input type="checkbox"/> Never Baptized | <input type="checkbox"/> First Communion / Eucharist
<input type="checkbox"/> First Confession / Reconciliation
<input type="checkbox"/> Confirmation |
|---|---|

IN CASE OF EMERGENCY, in the event the parents or legal guardians cannot be reached, please contact:

Name: _____ Relationship to teen: _____ Phone #: _____

Do they have permission to take the teen(s) home? Yes _____ No _____

Name: _____ Relationship to teen: _____ Phone #: _____

Do they have permission to take the teen(s) home? Yes _____ No _____

Other people authorized to pick up this teen (photo id will be required):

Full name:	Relationship:
Full name:	Relationship:
Full name:	Relationship:
Full name:	Relationship:

ST. RITA CATHOLIC CHURCH - YOUTH GROUP REGISTRATION 2021-2022

ANNUAL PARENTAL PUBLICITY/PHOTO/VIDEO RELEASE

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Rita Parish or media representative.

___ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

___ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

CODE OF CONDUCT ACKNOWLEDGEMENT

Parent: I agree to instruct my child to abide by the Diocesan Code of Conduct for Children and Youth located at <https://www.dosp.org/safe-environment/code-of-conduct-for-children/>. I understand that if I have not previously seen the Code of Conduct, it is my duty to seek a copy of the Code of Conduct and to review it and explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code of Conduct, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Youth Group event.

Parent/guardian signature: _____

Parent/guardian name (print): _____

Youth: As a participant at this event, I understand and agree to conform to the Diocesan Code of Conduct for Children and Youth located at <https://www.dosp.org/safe-environment/code-of-conduct-for-children/>. I understand that my failure to follow the Code of Conduct will result in my dismissal from the program or event and that I will be sent home at my own or my parent/guardian's expense.

Youth signature: _____

Youth name (print): _____

Parent Helpers Needed!

Yes, I am willing to help the Youth Group! I can:

- Provide snacks and/or drinks for meetings
- Help with meeting setup or cleanup
- Take photos or videos at meetings and events
- Help with fund-raisers
- Other: _____

Parent Name: _____ **Phone:** _____

ST. RITA CATHOLIC CHURCH - YOUTH GROUP REGISTRATION 2021-2022

ANNUAL PARENTAL PERMISSION AND MEDICAL RELEASE

Parish Name: St. Rita Parish

Parish Address: 14404 14th St., Dade City, FL 33523

Parish Phone Number: (352) 567-2894

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBLIITY OF THE PARENT/GUARDIAN. THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2021 UNTIL JULY 31, 2022 AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth/Participant's Name: _____

Parent or Legal Guardian's Name _____ Phone(s) _____

Emergency contact information: _____

Family Physician's Name: _____ Phone: _____

Insurance Co. Name _____ Medical Insurance: ID number _____

Group Number _____ Cardholder's Name _____

Health Information

List all medications taken daily and/or regularly: _____

Youth/participant's allergies, if any, including medication and food allergies: _____

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Youth/participant's other physical restrictions or dietary requirements (if any): _____

Date of Tetanus: _____ Other medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

Signature of Parent/Guardian _____

Date _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20__ who [] is personally known to me, or [] who produced the following as identification _____.

(SEAL)

Signature of Notary Public _____

Typed or printed name _____

Commission No. _____

DIOCESE OF ST. PETERSBURG

STATEMENT OF UNDERSTANDING AND RELEASE OF LIABILITY IN REGARD TO COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. In order to resume regular Faith Formation and Youth Ministry operations, the Diocese of St. Petersburg and St. Rita Parish ("Parish") have put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at parish activities. Even with implementation of safety protocols, the Parish cannot guarantee that you or your child(ren) will not become infected with COVID-19; attendance at Parish and/or participation in the Parish activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

ASSUMPTION OF RISK: The (*Diocese of St. Petersburg/St. Rita Parish*) cannot prevent you or your child/children from becoming exposed to, contracting, or spreading COVID-19 while attending parish programs and related activities. It is not possible to prevent against the presence of the disease. Therefore, if you choose for your children to attend St. Rita Parish programs, your child and/or other family members may be exposed to and/or at increased risk of contracting or spreading COVID-19. I/we have read and understood the above warning concerning COVID-19. I/we hereby choose to accept the risk of contracting COVID-19 for myself/ourselves, my/our child/children, and/or other family members in order for my/our child/children,

(Name of Minor Child)

to attend parish programs and related activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or being present at parish programs, and/or by participating in parish activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against (*Diocese of St. Petersburg/St. Rita Parish*) and its owners, officers, directors, managers, officials, trustees, agents, employees, authorized volunteers, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to the Program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)