Holy Trinity Parish Youth Ministry Program
September 2020-August 2021
Holy Trinity Parish, El Dorado Hills CA 95762

Registration Form

One form per teen – Attach multiple forms if more than one teen

Please print clearly

Teen Name _____
Address _____
City/Zip _____
Home Phone _____ Birthdate _____
Teen Email* _____ Teen cell* _____
Grade _____ School _____

Parent/Guardian name(s): _____ _____
Cell_____ alternate #_____
BEST Parent/Guardian Email and Cell for Communications*:
_____

*Holy Trinity Registered Adult Ministry Teams often communicate directly with teens by email, cell, and/or text, as well as via our social media platforms.

Please explain any health or learning concerns we should be aware of _____
_____

Emergency Contact _____ Phone _____

Parent/Guardian Signature_____
Date_____

Holy Trinity Youth Ministry
Media Release Form 2020-2021

Holy Trinity Parish and its ministries are preparing to host both virtual meeting platforms and in-person meetings for this year's events. We also frequently share group event photos (without personal names) in the parish bulletin and on our social media platforms such as our website. We do not intend to record students engaged in small group discussion.

I hereby authorize and give my consent for the taking of photos (moving or still), and participation in sessions on multimedia virtual platforms (i.e. Zoom), of:

_____

Name of teen

and further give my permission for their reproduction for: Holy Trinity Youth Ministry, Faith Formation Ministry, and other parish ministry purposes; the parish bulletin, parish website, and parish social media outreach; news releases and publications, and community awareness programs.

I understand and agree that use of such photos will be without any compensation to the teen or teen's parent or guardian. I understand and agree that Holy Trinity Parish and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the photos. I hereby release and hold harmless Holy Trinity Parish and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the teen and/or parent or guardian which relate to or arise out of any use of these photos as specified above.

_____ _____

Signature Date

_____

Relationship to teen

Holy Trinity Youth Ministry
Medical Form 2020-2021

I, (name of parent/guardian) _____, grant permission for my teen,

_____, to participate in the Youth Ministry sponsored by Holy Trinity Parish, El Dorado Hills, and the Diocese of Sacramento. (Of the following statements pertaining to medical matters, sign only those in accordance with your wishes):

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to the Diocese of Sacramento, parishes within the Diocese, and their employees, agents, representatives and volunteers, to transport my child to a medical facility for emergency medical, dental or surgical treatment. I hereby consent to those aforementioned individuals to authorize emergency treatment for my teen. I wish to be advised prior to any further treatment by the hospital or doctor. I agree to provide the Youth Ministry with current telephone numbers of where I can be reached, including cell phone numbers and the names and phone numbers of individuals who are likely to know where I am. In the event of an emergency, if you are unable to contact me at the above numbers, please contact:

Name _____ Relationship _____

Telephone (_____) _____

Family Doctor _____ Doctor's Phone (_____)

Family Health Plan Carrier _____

Name of Policy Holder and Policy Number_____

(1) Signature _____ Date _____

Medications

My child is taking medications at present and will bring all such medications necessary (including asthma inhalers and epi pens), and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage are as follows: _____

I give permission to the chaperones supplied by Youth Ministry to administer these medications.

(2) Signature _____ Date _____

No medication of any type, whether prescription or nonprescription may be administered to my teen unless the situation is life- threatening and emergency treatment is required.(3)

Signature_____Date_____

I hereby grant permission for nonprescription medication (such as non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my teen if deemed advisable by the chaperones supplied by Youth Ministry.

(3) Signature

_____Date_____

Other Medical information - Please share any other medical information that would help Holy Trinity Ministry serve your teen. The Ministry Teams will take reasonable care to keep this information confidential. Such information might include allergic reactions, diet restrictions, physical limitations, anxiety, or anything else you would like to share:

_____

Relationship to teen

Holy Trinity Youth Ministry
Transportation Form 2020-2021

Youth Ministry off-site events generally require parents to organize their own carpools. This form is necessary in the event group carpools/transportations are coordinated by the Youth Ministry team, or a teen finds themselves in need of a ride to or from an event.

I give permission for my teen (named on reverse) to be transported to and/or from youth ministry programs, events, and activities in vehicles driven by adult chaperons, selected by the parish youth minister in accordance with diocesan guidelines.

Liability Waiver

For value received, I represent that I am a custodial parent of my child and agree on behalf of myself, my child's other parent:

_____ (Name of parent)

(if known or living), my child named herein, our heirs, successors, and assigns, to forever release, discharge, defend and hold harmless the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf or on my child's other parent's behalf, or on my child's behalf against the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

I fully understand the consequence of the foregoing statements and sign this PARENTAL/GUARDIAN CONSENT FORM TRANSPORTATION / LIABILITY WAIVER knowingly, freely, and willingly.

Signature

_____Date_____