## **Annual Registration Youth Ministry Programs**



Name of Program:	
Day and time of the Program:	
Name of Program Supervisor:	
PARTICIPANTS INFORMATION	
Youth Name:	
Address:	
Date of Birth (DD/MM/YY):	
School:	Grade:
Allergies and/or Health	
Concerns:	
Mother/Guardian:	
Father/Guardian:	Primary Phone:

## PARISH RESPONSIBILITIES

Preferred email for communication: \_\_\_\_\_

Parish Name: \_

The Parish Program will make every effort to ensure or ascertain that:

Alternate Emergency Contact if different from those listed above:

1. Staff, volunteers and/or service providers involved in the program are suitably screened, trained and qualified in keeping with the Diocese Safe Environment program.

\_ Primary Phone: \_

- 2. Youth are adequately supervised over all aspects of the program and/or activity according to Diocesan Policy.
- 3. The location and/or activities are appropriate and safe for the group.
- 4. Equipment used has been inspected and deemed appropriate and safe for use.

## PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK

- 1. I acknowledge my right to obtain as much information as I require about the program and associated risks and hazards, including information beyond that provided to me by the Parish.
- 2. I freely and voluntarily assume the risk/hazards inherent in the program and understand and acknowledge that my child/youth may suffer personal and potential serious injury due to an unforeseeable event associated with her/his participation.
- 3. My child/youth has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the administrators, instructors and supervisors over all phases of the program.
- 4. I understand that reasonable precautions will be taken to protect the health and well-being of my child/youth participating in the program. I will be notified as soon as possible in case of an emergency, but if myself or other legal guardian/s cannot be reached, I consent that Parish Program Coordinator, and/or Program Coordinator representative, to secure emergency medical care for my child/youth at any hospital or authorized health care centre as they deem necessary for my child/youth's health and safety, and that I shall be financially responsible for such services. I further agree that the Parish will not be responsible or liable for anything that happens during my child's travel to or from the activity.

5.	which may be used as part of educational and/or pro	omotional activities for the Parish or RC
6.	I understand that this is an Annual Registration Form that will be taking place outside the Parish building, I v Trip/ Outing/ Activity Permission Form with detailed	and that for activities, outings or events will receive in advance of the same a Day
7.	I acknowledge that I have read the above and I agree Parish Program.	for my child /youth to participate in the
Name	of Parent or Guardian (please print):	
Signatı	ure:	_ Date:

All information collected on this form is strictly confidential and is intended only for the sole use of the Parish Program Coordinator and the Parish Office.