



ANNUAL REGISTRATION FORM

June 1st, _____ to May 31st, _____

Youth Participant's Full Name: _____ T-Shirt Size: _____
 Date of Birth: _____ Academic Year: _____
 Email Address: _____ Home Phone: _____
 Youth's Cell: _____ Permission to Text Youth: Yes / No

General Permission

I, the Parent/Guardian of the above named youth participant, grant my permission for him/her to participate in the various programs and activities of Saint Francis of Assisi XTREME High School Youth Ministry. These various programs and activities will take place under the guidance and direction of employees and/or volunteers of Saint Francis of Assisi Parish and/or the Archdiocese of Chicago.

I understand that as the parent/guardian, I remain legally responsible for any personal actions taken by the above named youth participant. I hereby release and indemnify Saint Francis of Assisi Parish, the Archdiocese of Chicago, its staff and volunteers; and the Catholic Bishop of Chicago, a corporate sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation.

Youth Ministry Code of Behavior

All participants are expected to:

- Arrive on time.
- Demonstrate common courtesy and respect at all times.
- Avoid use of any inappropriate language and/or behavior.
- Wear attire that reflects the value of modesty.
- Socialize only in public areas.
- Refrain from the possession or consumption of tobacco products, alcoholic beverages and/or any illegal substances.
- Not have on their possession any weapon(s) or drug paraphernalia.

By signing below I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction, requiring my dismissal, that arrangements will be made to send me home at my expense. I also understand that my parent/guardian will be notified at the time of the infraction requiring my dismissal.

Medical Permission

Insurance Carrier: _____
 Policy Number: _____
 Group Number: _____
 Insurance ID Number: _____

During any program and/or activity sponsored by either Saint Francis of Assisi Parish and/or the Archdiocese of Chicago, I give permission to the adults in charge of the programs and/or activities to consent to emergency medical or surgical treatment for the above named youth participant in the event I, or my listed emergency contact, is not reachable.

Medication & Food Allergies:

Current Medications Being Taken: (If none, so state)

Physical Limitations:

**Please attach a clear description to this form of any other special medical condition(s) pertaining to this youth that have not been addressed above.*

PROMOTIONAL RELEASE: I also consent to the use of any videotapes and/or photographs in which my son/daughter may appear by the Archdiocese of Chicago and/or Saint Francis of Assisi Parish. I understand that these materials are being used for promotion of youth ministry programs and/or activities, which may include recruitment and fundraising efforts.

Youth Participant's Signature: _____
 Parent/Guardian Signature: _____ Date: _____
 Emergency Contact's Name: _____ Phone: _____