



St. Clare Parish Youth Ministry

Registration Form

Registration for (check all that apply):

Middle School

High School

Confirmation

Student Info:

Name: _____ Date of Birth: _____ Sex: M F

Address: _____

Street

City

Zip

Cell Phone: _____ Email: _____

School: _____ Grade: _____

Parent Info:

Father/Guardian's Name: _____ Religion: _____

Mother/Guardian's Name: _____ Religion: _____

Home Phone: _____ Cell: _____ Email: _____

Baptism Info (for Confirmation students only):

Date of Baptism (day/month/year): _____ Mother's Maiden Name: _____

Church of Baptism: _____ City/State: _____

Materials Fee: Youth Ministry Program: \$50.00 per person

Confirmation Program: \$75.00 per person (includes retreat cost)

Please make check payable to: St. Clare Church. Tuition assistance available.

Contact: Jean DeLaney: 503-244-1037 EXT. 104 jean@saintclarechurch.org

I grant permission for my child to participate in regularly scheduled Youth Ministry events held on the Saint Clare Parish campus throughout the school year.

Parent/Guardian Signature

Date



St. Clare Parish

Emergency Information for Youth

Student's Name: _____

Student lives with: _____

Family Physician: _____ Phone: _____

Medical Insurance Name: _____

Policy #: _____ Group or identification Number: _____

Allergies (food, drugs, insects, etc.): _____

Is the student currently on any medication? Yes No

If yes, please state:

Name(s): _____ Dosage: _____

Reason for medication: _____

Please Note: Any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

Persons to Notify in Case of an Emergency:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Please read the following statement and sign below:

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Signature (parent/guardian)

Date



Permission Form: Photograph Video Display of a Minor

I hereby give St. Clare Parish permission to use a photograph or video clip (including audio) of the minor(s) listed below in its website and any youth ministry websites affiliated with St. Clare Parish, as well as in printed information used during the year. I understand that there will be no identifying information (name, age, etc.) about the minor accompanying the photograph or video clip on the website or other printed material. I also waive any right to compensation for the use of photographs or video clips (including audio).

This permission for photographic display of a minor will be in effect annually from September 1, 2013, until September 1, 2014, unless this permission is revoked by written notice to St. Clare Parish.

Name of minor(s) under the age of 18:

Parent/Guardian:

(print) _____

(signature) _____

Date: _____