

Mary Queen of the Holy Rosary Youth Registration Form 2014/15

Name: _____ Date of Birth: _____ Student's Grade: _____
Youth's Primary Address: _____ Zip Code _____
Phone Number: _____ School: _____
Allergies/Special Needs _____

My youth is a Baptized Catholic Yes or No
My youth has participated in First Holy Communion Yes or No
My youth has participated in the Sacrament of Confirmation Yes or No
Father/Guardian's Name: _____ Father/Guardian's Phone Number: _____
Father/Guardian's Address: _____
Father/Guardian's Email Address: _____
Mother/Guardian's Name: _____ Mother/Guardian's Phone Number: _____
Mother/Guardian's Address: _____
Mother/Guardian's Email Address: _____

RELEASE OF LIABILITY/RESPONSIBILITY:
I, _____, give permission for my child,

to participate in Mary Queen of the Holy Rosary Youth Program and all its activities. I also give my permission to the adult volunteers; under the direction of my child's program coordinator, to give minor medical treatment (wash with soap and water, and bandage only) to my child in the event of accidental injury. I will not hold any staff, Mary Queen of the Holy Rosary Parish, or the Catholic Diocese of Lexington responsible and/or liable for any illness and/or accidental injury to my child.

Parent's or Legal Guardian's Name (print) _____
Parent's or Legal Guardian's Signature _____
Date _____

PHOTOGRAPHY AND VIDEO CONSENT:
I/We, the parent(s)/guardian(s) of this youth (print name) _____,
Authorize and give full consent, without limitation or reservation, to Mary Queen of the Holy Rosary Religious Formation Ministry, to publish any photograph or video in which the above named student appears while participating in any program associated with Mary Queen of the Holy Rosary Parish's Formation Ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.
Parent's or Legal Guardian's Name (print) _____
Parent's or Legal Guardian's Signature _____
Date _____

Student Pick-Up Release:
I understand that students without a note written to the Formation staff, and, from their parent or guardian, prior to the event, will not be allowed to leave Mary Queen Youth Group activities, before the end of the event, or, with someone other than their parent or guardian. I understand that this includes students who have earned a legal Driver's License.

The following persons are authorized to pick up my student from Mary Queen of the Holy Rosary:
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
My student may NOT be released to the following persons unless directed by Order of the Court or at my directive:
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Parent's or Legal Guardian's Name (print) _____

Parent/Legal Guardian's Signature: _____
Date: _____

TECHNOLOGY CODE OF CONDUCT ACKNOWLEDGMENT
Diocese of Lexington/Mary Queen of the Holy Rosary Parish
I hereby acknowledge that I understand that I am required to read the Catholic Diocese of Lexington Technology Code of Conduct, dated May, 16, 2011, and will read the code of conduct before participating or volunteering in any function or ministry of the Diocese of Lexington, Kentucky. I understand that the Technology Code of Conduct can be found at http://home.catholicweb.com/lexington/files/Technology_Pages_from_Youth_Ministry_Manual_5-16-11.pdf or that by request I will be provided with a copy. I understand that I may meet with my parish, school, or diocesan leadership to review the code., and review the information with my child. I understand that, upon request I may meet with my Parish, School, or Diocese leadership to review the Code.
Signature of Student _____
Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____
Date _____