



MARY HELP of CHRISTIANS

Catholic Church and School

Student Name: _____

Grade & School: _____

DOB: _____

Phone # for Texts: _____

Email (Student): _____

Parent Name: _____

Phone # for Texts: _____

Email (Parent): _____

- Registration Form
- Parental Guardian Consent Form and Liability Waiver
- Medical Information and Consent Form
- ADOM Media/Photo Release Form
- ADOM Communications Permission Form



MARY HELP of CHRISTIANS
Catholic Church and School

Parental Guardian Consent Form & Liability Waiver

Participant's Information			
Participant's Name:		Date of Birth:	
Address:	City:	State:	Zip:
Home Phone:		Parent/Guardian's Name:	
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached:	
Consent & Liability Waiver			
Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older and in high school.			
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to be part of MARY HELP OF CHRISTIANS CATHOLIC CHURCH Youth Ministry			
Event & Location: Mary Help of Christians Catholic Church		Date & Time: TBD	
<input checked="" type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided		Method of Transportation: Self	

Parent/Guardian Signature
(Must sign for any participant under 18 &/or 18 or older & in high school)

Date

Participant: In signing the line below, I agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

Participant's Signature

Date

Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time.		<input type="checkbox"/> I do carry medical insurance at this time.	
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone:	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.



Medical Information & Consent Form

Participant's Name:	Date of Birth:
Address:	City/State/Zip:
Home Phone:	Cell Phone:
Father's Name:	Phone:
Mother's Name:	Phone:
Emergency Contact Name:	Phone:

Language Spoken by Emergency Contact:

MEDICAL MATTERS

I hereby warrant to the best my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. (Please initial) _____

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to hospital/clinic for emergency medical or surgical treatment. (Please initial) _____

Family Doctor's Name: _____ Phone: _____

Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Archdiocese personnel and others, as warranted)

My son/daughter:

- Is allergic to the following medications: _____
- Has had an episode of the following or has been diagnosed with: ___ Seizures ___ Asthma ___ Diabetic
- Has had allergic reactions to the following (food, dyes, latex, etc.): _____
- Has had medical surgery within the last six months? ___ Yes ___ No Still under doctor's care? ___ Yes ___ No
- Has a medically prescribed diet (please explain): _____
- Has the followings physical limitations: _____
- You should also be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION

I do not carry medical insurance currently.

I do carry medical insurance currently.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____ Phone Insurance: _____

In the event the participant does not have insurance, payment in full medical care becomes the responsibility of the participant's parent/guardian.

I fully understand the foregoing statements and sign this Medical Information & Consent Form knowingly, freely, and willingly.

Parent/Guardian Signature

Date

(must sign for any participant under 18 &/or 18 or older & in high school)



Archdiocese of Miami

MEDIA/PHOTO RELEASE FORM

I, _____ do hereby give the Archdiocese of Miami, its representatives and employees the right to take video/photographs of me and my property. I authorize the Archdiocese of Miami, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Archdiocese of Miami may use such video/photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature: _____

Address: _____

Email: _____

Telephone: _____ Date: _____

MINOR CONSENT

I am the parent and guardian of the minor named above, and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Full Name (please print): _____

Signature: _____

Address: _____

Telephone: _____ Date: _____



Archdiocese of Miami

Communication Permission Form

I, _____ do hereby give coaches and youth ministry leaders permission to communicate with my son/daughter, _____ using direct messaging, text, email, social media, or other forms of electronic communication.

I understand that as a parent I will be included in any direct messages, social media sites, texts, emails, and other forms of electronic communication at any time.

I have read and understand the above:

Signature: _____

Address: _____

Email: _____

Telephone: _____ Date: _____