



Diocese of Metuchen  
Youth Ministry – Teen Registration Form



*(This portion is to be completed prior to duplication)*

Parish: \_\_\_\_\_ City/Town: \_\_\_\_\_

Activity: \_\_\_\_\_ - Youth Ministry Events/Activities for [School/Calendar Year] \_\_\_\_\_ -

Location of Activities/Events: \_\_\_\_\_

Supervisor: \_\_\_\_\_ - [Name of Catholic Coordinator of Youth Ministry – CCYM] \_\_\_\_\_ -

Supervisor's contact information: \_\_\_\_\_

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*(This portion is to be completed by parent of guardian)*

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In case of emergency** a local contact name and phone number other than parents must be given.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Sacramental Information:

Check Sacraments Received: \_\_\_\_\_ Baptism \_\_\_\_\_ Eucharist \_\_\_\_\_ Confirmation

Please complete the following question if your child has specific needs – this information will help us meet your child's needs and **will not categorize** your child in any way.

Please circle: ADD / ADHD \_\_\_\_\_ Food Allergy / Epi-pen\* \_\_\_\_\_

Medical Condition/Medication: \_\_\_\_\_

Special Services: IEP, Resource Room, In-Class Support: \_\_\_\_\_

\* **Please note**: if your child **must** carry an Epi-pen, permission slips must be signed by parent and medical provider.

Additional Family Information:

Are you single parent? Yes No Parent(s) Deceased? Yes No

Parents Separated? Yes No Parents Divorced? Yes No

Is there anyone who **may not** transport your child home? Who? \_\_\_\_\_

Non-parental guardianship\* \_\_\_\_\_

Custody/Visitation issues\* \_\_\_\_\_

\*A copy of your court documents must be returned with your registration form



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**PARENTAL CONSENT**

I/we consent to my child, \_\_\_\_\_ (“my child”), participating in the above described activities/program. I/we specifically waive and release any and all claims of any nature which I/we may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

**AUTHORIZATION FOR MEDICAL TREATMENT**

Should emergency medical treatment be necessary and I/we cannot be reached immediately, I/we authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I/we understand that I/we assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I/we further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication—unless parents previously discussed a child’s need for a specific medication also noted on this form. In the event that my child requires medication during the above described activity, I/we understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

**PHOTO RELEASE**

I/we hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I/we hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

**DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS**

I/we agree that I/we have read and fully understand the *Office of Youth & Adult Ministry’s Policies and Rules of Conduct* (visit [www.diometuchen.org/yyam](http://www.diometuchen.org/yyam)) and I/we agree to adhere to them. I/we agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I/we assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I/we assume all responsibility and transportation costs.

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_