

Junior High Youth Group & Bible Study

Youth Ministry Registration 2022-23

Last Name	First Name	Grade	School	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Home Phone
<input type="text"/>	<input type="text"/>

Parent 1 Name	Parent 1 Email	Phone Number (during Program Times)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent 2 Name	Parent 2 Email	Phone Number (during Program Times)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and Number of Other Adult I authorize to act on my behalf if Parent 1 and/or 2 cannot be reached

Allergies – Please list all food, medical, and environmental allergies:

The following are special circumstances regarding my child of which you should be aware (please include medical conditions, medications, behavioral problems, etc.):

Check One: ☐ Yes ☐ No I hereby grant permission for nonprescription medication (such as pain reliever, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Insurance Policy Name and Number:

Physician's Name and Phone Number:

I, as parent/guardian of the undersigned minor, hereby consent and agree to hold harmless, St. Louis Parish, Holy Family Parish and/or the Roman Catholic Archdiocese of Indianapolis, IN and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the Junior High Youth Ministry Program.

I understand that while our youth group leaders are taking every reasonable precaution to prevent the spread of the Coronavirus, these measures cannot prevent contagion 100% and that there is no guarantee anyone will not contract COVID19, or any communicable disease, during youth group events. By signing below, I acknowledge that there is an increased risk to contracting COVID19 by attending youth group activities.

I, the parent or legal guardian of the participant, do hereby grant permission for our child to participate fully in the Youth Ministry Program, including Monday Bible Study, and all of its activities during the 2022-23 school year. I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperone to secure proper treatment for my son/daughter.

Parent Signature	Date
<input type="text"/>	<input type="text"/>

Volunteers are always appreciated. If you are able to volunteer your time for any youth group meeting(s), please let us know your availability. If you have not already done so, please register and complete the Archdiocese's Safe Parish program at least 2 weeks before helping with any youth ministry event. This is all done on-line and will not take long to complete. Go to safeandsacred-archindy.org to get started. Jr. High Youth Group generally takes place twice a month on Friday's after school until 5:00 p.m. and Bible Study on Monday's after school until 5:00 p.m.

- ☐ I would love to help organize and lead youth group on a regular basis
- ☐ I would love to help chaperone Friday youth group as needed
- ☐ I would love to help chaperone Monday Bible Study as needed
- ☐ I am unable to help with youth group activities as this time.

Number or email you can reach me out to request my help _____

All dates are tentative and subject to canceling or rescheduling for reasons beyond our control.

Friday Youth Group

August 19
September 2
September 16
October 7
October 21
November 4
November 18
December 2
December 16
January 6
January 20
February 3
February 17
March 3
March 24

Monday Bible Study

August 22
September 12
September 26
October 17
October 31
November 14
November 28
December 12
January 9
January 23
February 6
February 27
March 6
March 20