



St. John the Baptist Youth Formation Registration Form

7522 Everhart Rd, Corpus Christi, TX 78413
361-991-4400 / awindnagle@sjbcctx.org

(for office use only)
Family ID _____
Membership Status _____



August 2011 - August 2012

YOUTH INFO

Youth Name: _____ Nickname: _____

Home Mailing Address: _____ City: _____ Zip: _____

Gender: _____ Birth date: _____ Grade: _____ School: _____

Home Phone: _____ Youth Cell Phone (grades 9-12): _____ check if you can text

T-shirt Size (adult sizes) _____ Favorite Food: _____ Favorite Movie: _____

YOUTH SACRAMENTAL HISTORY

Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	____/____/____
Reconciliation/Confession	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	____/____/____
Eucharist/Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	____/____/____
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	____/____/____

PARENT/GUARDIAN INFO

Head of Household / Parent / Guardian Name: _____

Email Address: _____ Phone: _____

Best way to contact: email phone call other

Spouse / Parent / Guardian Name: _____

Email Address: _____ Phone: _____

Best way to contact: email phone call other

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and **St. John the Baptist** parish, and their officers, directors, agents employee, or representatives associated with the parish youth program from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events **beginning August 31, 2011 and continuing through August 31, 2012.**

In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

Parent Signature _____ Date _____

ADULT HELP: Please check any area you are interested in serving or would like more info

- Life Teen Core (high school) Edge Core (middle school) Hospitality (set up snacks, serve, clean up)
- Catechist (CCD Teacher) Altar Server Formation
- Liturgical Ministries for 6pm Mass (music, lector, EMHC, usher)
- I would like to donate to the Life Teen/Edge/CCD programs - \$20 \$50 Other: \$_____

HEALTH INFORMATION (All information will be held in strict confidence)

Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy # _____

Allergies (food, medicine, etc.) and reaction: _____

Special medical conditions (seizures, asthma, etc.) _____

Other physical limitations or conditions: _____

Notes or other care instructions: _____

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read the following carefully and sign only those in accord with your wishes:

My child is taking medications and will need to bring them to youth events, clearly labeled with concise directions:

_____ **Signature:** _____

*I grant permission for non-prescription medicines (e.g. Tylenol, cough drops) and routine non-surgical care (e.g. applying bandages) to be given if deemed necessary by supervising adults: **Signature*** _____

*I DO NOT want ANY type of medication administered to my child unless the situation is life-threatening and treatment required: **Signature*** _____

*IN CASE OF EMERGENCY I give permission to transport my child to nearest hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment: **Signature*** _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **St. John the Baptist** Parish, its officers, directors, employees and agents, and the Diocese of Corpus Christi, its employees and agents, chaperons, or representatives associated with the youth program, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Corpus Christi, its employees and agents and chaperons, or representatives associated with the parish or diocese for reasonable attorney's fees and expenses which may incur in any action brought against them as result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Legal Guardian Signature _____ Date _____

In case of an EMERGENCY, if unable to reach parent/guardian, contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

As parent/guardian, I understand that **promotional photos/videos** may be taken during youth events. **I give permission for my child's picture/video to be used** for promotional reasons to highlight youth events (youth websites/web pages, newsletters, calendars, videos for youth events/youth promotions, etc.).

Name _____ Signature _____ Date _____

**Please return form to the Parish Office or Angela Windnagle in the Youth Office (room 5) or mail to:
7522 Everhart Rd, Corpus Christit, TX 78413**