

# St. Bede the Venerable Church

## Middle School Youth Group

### 2017-2018 Membership Form

[Please return one registration form for each youth participant.]

Date of membership: \_\_\_\_\_

Youth participant's full name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Sep 2016: \_\_\_\_\_

Father's / Guardian's full name: \_\_\_\_\_

Father's Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's / Guardian's full name: \_\_\_\_\_

Mother's Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Preferred Email to use for Parents \_\_\_\_\_

Would you be willing to: 1) send in snacks for a meeting? Y N 2) drive for any of our outings? Y N

**In the event of an emergency, please contact FIRST (circle one)**

Mother/Guardian (at number above)

Father/Guardian (at number above)

(Please note, our policy is to contact initial parent contact, then alternate parent and finally the emergency contact person stated below)

**In the event of an emergency, if parents CAN NOT be reached, please call:**

Emergency contact name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (list home, work & cell): \_\_\_\_\_

ÿ Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food \_\_\_\_\_ Drug \_\_\_\_\_ Animal \_\_\_\_\_ Other \_\_\_\_\_

ÿ Does your child need to have our program activities limited in any way (please explain)

\_\_\_\_\_

ÿ Please indicate any specific concerns that our Youth Group Team should be aware of for your child. (Academic, Physical, Behavior etc...)

\_\_\_\_\_

○ May we communicate with your child via cell phone, text message or the various social network sites (ex. Twitter, etc.)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Please include cell phone # \_\_\_\_\_

○ I give my permission for my child's picture to be taken as a part of youth ministry activities and to be used in any promotion of parish youth activities including the website. \_\_\_\_\_ Yes \_\_\_\_\_ No

Date \_\_\_\_\_ Signature of Youth Participant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

### St. Bede the Venerable Middle School Youth Group Medical Release for Youth Group Activities

To whom it may concern:

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date