

St. Bede the Venerable Church † Bedes Teens

2026-2027 Membership form for the St. Bede High School Youth Ministry Program

Family Name: _____ Email Address: _____

Address: _____ Home Phone: _____

<u>Teen's Full Name</u>	<u>Birthday</u>	<u>M/F</u>	<u>Teen's E-mail Address</u>	<u>Teen's Cell phone #*</u>	<u>May I Text your teen? Y/N</u>	<u>shirt size</u>	<u>School/Grade</u>

**Note: By indicating teen's cell phone number you acknowledge and agree to your teen being contacted by cell phone and/or receiving text messages about HSYG activities*

- Is your family registered at the parish? ____ Yes ____ No - Member of another parish, please indicate _____
(If not, you *MUST* contact the parish Youth Ministry office to discuss your registration status)

• **Father's /Guardian's name & number:** _____

• **Mother's /Guardian's full name& number:** _____

In the event of an emergency our policy is to contact parent(s) FIRST and then emergency contact person below only if a parent CAN NOT be reached

In the event of an emergency, when parent can't be reached, call (please indicate someone other than parents):

• **Emergency Contact Name:** _____ **Relationship** _____

Phone (home, work & cell): _____

- Teen has permission to drive to/from youth meetings and offsite youth events. ____ Yes ____ No
- May I communicate with your teen via the various social network sites (ex. X, instagram, snapchat etc.)? ____ Yes ____ No
- Please indicate any specific concerns that our Youth Ministry Team should be aware of regarding your teen. (Academic, Physical, Behavior, Etc.) _____

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 Parish bulletin, Youth Ministry Flyers, Parish/Youth Ministry Website, Facebook, etc..

Date _____ Signature of Parent or Legal Guardian _____

St. Bede Youth Ministry Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented all across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable. While it is not possible to eliminate all risk of furthering the spread of COVID-19, St. Bede the Venerable Church will take every necessary precaution and comply with guidelines from the federal, state, local governments, CDC, PA DOH, PA DOE, as well as the Archdiocese of Philadelphia to reduce the risks to students, staff, volunteers, and their families. As knowledge regarding COVID-19 is constantly changing, St. Bede reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, students, volunteers and parents.

Some precautionary methods adopted in the St. Bede the Venerable Youth Ministry Program include but may not be limited to:

1. REQUIRING PARENT CONDUCT A HEALTH SCREENING PRIOR TO ANY YOUTH MEETING, ACTIVITY, EVENT OR GATHERING. Parent should keep child home if child displays any symptoms or has positive Covid test.
2. Encourage social distancing and promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.
3. Intensify cleaning, disinfection, in all facilities when use is permitted.
4. Educate Students, Parents, volunteers, and Staff on health and safety protocols.
5. Require ALL students, staff and volunteers to provide their own water bottle for hydration.

By signing this form, the undersigned voluntarily agree to the following waiver and release of liability. The undersigned agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the student named below, against St. Bede the Venerable Church, the Archdiocese of Philadelphia, volunteer staff, officers, agents, employees, and volunteer parents and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever which may be incurred by the student or the undersigned relating to or as a result of the student's participation in St. Bede Youth Ministry programs, events, and activities during the COVID-19 pandemic. The undersigned acknowledge that participating in St. Bede Youth Ministry programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in activities during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

I/We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for student's participation in programs and activities during the COVID-19 pandemic. I/We willingly agree to comply with the stated recommendations put forth by St. Bede the Venerable Church and the Archdiocese of Philadelphia to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the named Student is in good physical condition or believe Student to be in good physical condition and allow participation in this event or activity at our own risk.

Event/Activity: St. Bede High School Youth Ministry Programs & Activities 2021

Student's Name: _____

Signature of Parent/Guardian: _____

Date: _____