

Youth Ministry Program
Membership Form

Name: _____ Date of membership: _____

Date of Birth: _____

Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

Father's Name: _____

Cell Phone: _____ E-mail: _____

Mother's Name: _____

Cell phone: _____ E-mail: _____

Alternate Emergency Contact:

Name/relationship _____ Phone _____

Is the family registered at the parish? _____ Yes _____ No

(If not, please contact the rectory for a registration packet)

Teen has permission to drive to offsite youth events _____ Yes _____ No

Teen has received the sacraments of: ___Baptism ___Holy Eucharist ___Confirmation

I give permission for my child's picture to be taken as part of youth ministry activities and to be used in any promotion of parish youth activities including website.

_____ Date: _____

Signature of Youth

_____ Date: _____

Signature of Parent

**Youth Ministry Program
Medical Information & Liability Release**

Name: _____ Birth Date _____

Address: _____

Home Phone: _____ Cell _____

Emergency Numbers:

Phone numbers where our youth ministry leaders can reach a parent or an emergency contact for the child named above during scheduled events.

Name/relationship: _____

Home #: _____ Cell: _____ Work: _____

Medical Insurance Carrier:

Insurance Group Name _____

Group Number _____

Medical Information:

Physician: _____ Number: _____

Date of last Tetanus: _____

Allergies, conditions, dietary restrictions, special needs, medical concerns of which we should be aware: _____

My child requires the following medicine: _____

How often? _____

My child has permission to be given Tylenol or Ibuprofen if they request it.

____ Yes ____ No

In case of emergency I understand that, in the event medical treatment is required, every effort will be made to contact the emergency contact person or myself. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. Dorothy Roman Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

_____ Date _____

Signature of Parent