

# Youth Group Registration (2019-2020)

Baptismal Name: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Text Number: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Email \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name and maiden name: \_\_\_\_\_

Date of Baptism: \* \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Address of church of Baptism: \_\_\_\_\_

Are you registered at our Parish? \_\_\_\_\_ If not, where? \_\_\_\_\_

Please mark what sacraments you have received:

Baptism \_\_\_\_\_ First Penance \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

*\*Please bring a copy of your baptismal certificate attached to this registration form.*

## Requirements for youth group candidates. The student must be at least a freshman.

1. Partake regularly in Mass.
2. Attendance – 18 sessions total (make-up sessions if any are missed).  
Reflection Sessions will review the Lessons by including guest speakers and their personal relationships with the Holy Spirit)
3. Service Project – 5 hours' group and 5 hours' individual
4. Attend a Retreat.
5. Discernment Letter.
6. Registration Fee: \$35.00

Our Religious Youth Ministry' programs are a privilege and with this privilege come these expectations/Expectativas:

- To attend and participate with a willingness to learn and grow in his or her Catholic faith formation. / Asistir y participar con voluntad de aprender.
- To show respect for oneself, the feelings and rights of others and for the environment. / Mostrar respeto por si mismo y hacia otros.
- To avoid inappropriate and disruptive behavior during activities. / Evitar conducta inadecuada y disruptiva durante las actividades.
- To promote and encourage open communication between student, parent and teacher, all respecting and appreciating the input of the other./ Promover y alentar la comunicación abierta entre estudiante, padre y maestro. Respetar y valorar las aportaciones de los demás.
- If deemed necessary the following disciplinary actions will be taken. / Si es necesario las siguientes medidas disciplinarias seran tomadas:
  1. Conference between student and teacher with parent notification. / Una conferencia con el estudiante y maestra.
  2. Parent/teacher/student conference . /Conferencia con el padre,maestro y estudiante con notificación de los padres
  3. Consultation with the pastor and/or Director of Religious Education, and a parent present. / Una consultación con el Pastor o el Director con los padres presente.

# Parental Emergency Medical Release Form

## Forma de Libertad Médica En Emergencias

In case of a medical or dental emergency, I \_\_\_\_\_

(En caso de emergencia médica o dental, yo) \_\_\_\_\_ (your name/ su nombre)

give permission to the members of Our Lady of Lourdes Parish Continuing Religious Education Team to seek any necessary treatment for my child

(doy permiso a los miembros del equipo de educación religiosa de la Nuestra Señora de Lourdes de buscar ayuda para mi hijo(a))

\_\_\_\_\_  
(name of the child/ nombre del hijo)

***I will be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization.***

(Yo seré responsable y estoy de acuerdo de pagar todos los costos y gastos en conexión con cualquier tratamiento médico o dental dados con mi autorización)

*I am aware that private or public transportation will be used.*

(Soy consiente que transporte privado o público será usado)

*I have read this Parental Permission and Release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.*

Yo he leído este permiso de libertad de los padres y entiendo todos sus términos. Yo lo afirmo voluntariamente y con todo el derecho de su significado.

\_\_\_\_\_  
(parent-guardian's signature/ firma del padre o guardián)

\_\_\_\_\_  
(date/ día)

*The following information is needed by any hospital or practitioner not having access to the minor's medical history:*

(Esta información es necesaria para cualquier hospital o doctor que no tenga acceso a la historia médica del menor:)

**Allergies:** \_\_\_\_\_

Alergias

**Medications presently taking:** \_\_\_\_\_

Medicinas que en el presente está tomando

**Date of last tetanus shot:** \_\_\_\_\_

Ultima vez que lo vacunaron del tétano

**Family Physician & Phone Number:** \_\_\_\_\_

Medico familiar y numero de teléfono

**Medical Insurance Company:** \_\_\_\_\_

Compañía de Seguro Médico

**Policy/Identification Number:** \_\_\_\_\_

Póliza/ Número de Identificación

**Any other pertinent information (asthma, medical condition):** \_\_\_\_\_

Cualquier otra información (asma, otra enfermedad)