

Sacraments youth has received:

- Baptism (Date: _____, Parish: _____, City: _____, State: _____)
- First Reconciliation
- First Communion (Date: _____, Parish: _____, City: _____, State: _____)
- Confirmation

Photo release:

I, the parent/legal guardian of _____ grant my expressed permission for St. Joseph Church Youth Ministry to exhibit photographs or likeness of the above named minor and hereby waive any right to compensation therefore. I do so with the understanding that:

- Names of minors will NOT be published with photographs except in the case of photo boards to be displayed indoors on the parish grounds with the names and photos of those who are about to receive or who have recently received sacraments.
- Names on nametags will be obscured in photographs displayed online or outdoors, but may be visible in photographs displayed around the grounds of St. Joseph Church.
- St. Joseph Youth Ministry will never associate the names of minors with their photographs or likeness online.

For the following, please initial to indicate permission or write "no" to indicate refusal:

___ Display of my child's photograph/likeness on St. Joseph Youth Ministry social media pages (Facebook, Instagram, etc.)

Name _____ Signature _____ Date _____

Parent Volunteering

We need you! Please consider the following volunteer options:

- **Food Crew** – assist in the planning, preparing, serving, and cleanup of food/refreshments for events
- **Chaperone** – provide supervisory assistance for youth ministry
- **Driver/Chaperone** – provide transportation and supervisory assistance for youth ministry
- **Photographer** – assist in the official photography of youth ministry events
- **Retreat Chaperone** – provide supervisory assistance and general support for weekend retreats
- **Nurse** – dispense medications (per parent permissions), treat minor illnesses and injuries, and help stabilize the injured and coordinate EMS response in the case of serious injury or illness during retreats and other multiday events and outings
- **Fundraising Committee** – help plan and organize fundraising for youth ministry
- **Youth Leader** – help facilitate discussion and activity at events and engage in relational ministry with teens
- **Catechist** – instruct and guide youth in sacramental formation (prior experience as a Youth Leader is strongly encouraged)

Parent Name (please print): _____

Please check the tasks you would consider volunteering for or be interested in learning more about:

- Food Crew Photographer Chaperone Driver/Chaperone
- Retreat Chaperone Nurse Fundraising Committee Youth Leader Catechist

Please note any other talents, skills, or connections that might support our youth ministry efforts:

Parent Name (please print): _____

Please check the tasks you would consider volunteering for or be interested in learning more about:

- Food Crew Photographer Chaperone Driver/Chaperone
- Retreat Chaperone Nurse Fundraising Committee Youth Leader Catechist

Please note any other talents, skills, or connections that might support our youth ministry efforts:



St. Joseph Youth Ministry

1532 Linden Ave., Carpinteria, CA 93013

dan@stjosephchurch.org

(805) 684-2181

Youth Behavior Guidelines

The following behavior guidelines are to be observed at all times by participants. Participants who break any of these behavior guidelines may be sent home, requiring that a parent or guardian come to pick them up immediately.

THERE WILL BE RESPECT FOR ALL PROPERTY

Property of St. Joseph Church, School, and surrounding areas, and the property of outing destinations and vehicles used for transportation shall not be damaged, taken, marked, or vandalized in any way. Personal property shall not be used without permission or damaged in any way.

THERE WILL BE CONCERN FOR SAFETY AND RESPECT FOR THE LAW

Participants are to cooperate with, and conform to, the directions and instructions of St. Joseph Church staff and volunteers, law enforcement, and the staff and officials of events, outing locations, bus companies, etc. There shall be no drugs, alcohol, or tobacco products in any participant's possession. There shall be no weapons or fire starters of any kind in any participant's possession. Physically, verbally, or emotionally abusive behavior towards others will not be tolerated. Foul language and dirty jokes are unacceptable. Fighting of any kind will not be tolerated.

THERE WILL BE RESPECT, COOPERATION, AND APPROPRIATE PARTICIPATION

Everyone will get the most out of programming if we all respect one another and participate fully, actively, consciously, and conscientiously. Unnecessary talking during times of prayer, sharing, and/or reflection is unacceptable. Unless otherwise directed, electronic and communication devices are to be turned off and kept out of sight during programming or else they will be confiscated.

APPROPRIATE ATTIRE WILL BE WORN AT ALL TIMES

Attire or exposure that is deemed indecent or inappropriate by staff and/or volunteers will not be tolerated. Please be mindful of this and dress appropriately.

Some possible responses to violations of these guidelines include: parent(s)/guardian(s) being required to make arrangements for a participant's transportation home early, the confiscation of items in a participant's possession, a meeting with the participant's parent(s)/guardian(s) being required before the participant's return to programming, the contacting of local law enforcement, etc. Serious or repetitive infractions may result in the suspension or expulsion of a participant from future programming.

Name of Youth: _____

Signature of Youth: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



St. Joseph Youth Ministry

1532 Linden Ave., Carpinteria, CA 93013

dan@stjosephchurch.org

(805) 684-2181

Youth Health and Medical Release Form

Youth's Name _____

Date of Birth ____/____/____

Address _____

Gender: M F (circle)

City _____ State _____ Zip _____

Home Phone _____

Name of Parent/Guardian _____ please circle one: Father Mother Step Parent Guardian

Name of Parent/Guardian _____ please circle one: Father Mother Step Parent Guardian

.....
Youth's Physician or Medical Clinic: _____ Phone Number: _____

Address: _____

Is the participant in general good health and able to participate in all activities?

(circle one) YES NO (If no, please attach a statement indicating limitations or conditions.)

.....
Medical Insurance Carrier: _____ Name of Policy Holder: _____

Identification Numbers (ID#, Record#, Member#, Group#, etc.) _____

.....
In order for us to provide a safe and healthy experience for your son/daughter, please list all medical/mental health needs or conditions that your child has been or is being treated for (attach additional pages as necessary):

.....

Please list any allergies that your child has (medical, food, environmental, etc.) and indicate treatment (if any):

Allergy

Reaction

Treatment (if any)

.....

Does your child tend to suffer from motion sickness? YES NO Sometimes

(If YES, please take proper precautions before events/outings that might lead to motion sickness for your youth.)

.....

I _____ (parent's name), give my permission to the staff/volunteers of St. Joseph Church to dispense the following (as specified below) over the counter medications as needed (per the recommended dosage) to my son/daughter _____ (child's name).

PLEASE CIRCLE Y FOR YES IF YOU GIVE PERMISSION AND N FOR NO IF YOU DO NOT, FOR EACH:

Acetaminophen: Y N Diphenhydramine HCL (Benadryl): Y N Excedrin: Y N Tums: Y N
Ibuprofen: Y N Naproxen (Aleve): Y N Dimenhydrinate or Meclizine HCL (Motion Sickness): Y N
Pseudoephedrine HCL or Phenylephrine HCL (Decongestant): Y N Polysporin (Antibiotic Ointment): Y N

Please list any medications that your son/daughter is currently taking
THAT YOU GIVE YOUR CHILD PERMISSION TO POSSESS AND SELF-ADMINISTER:

Medication Name	Dosage	Times to be administered	Other Information
-----------------	--------	--------------------------	-------------------

Please list any medications that your son/daughter is currently taking
THAT YOU WILL PROVIDE TO PARISH STAFF/VOLUNTEERS TO DISPENSE TO YOUR CHILD
(APPLICABLE ONLY IN THE CASE OF MULTIDAY OR OVERNIGHT EVENTS/OUTINGS OR BY REQUEST):

Medication Name	Dosage	Times to be administered	Other Information
-----------------	--------	--------------------------	-------------------

Does your child have any special dietary needs, please specify:

--

Authorization to Consent to Treatment of Minor

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize as agent(s) St. Joseph Church Staff/Volunteers for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

I/We agree that in the event my/our child is injured as a result of his/her participation in events, including transportation to and from activities, through the negligence (active or passive) of St. Joseph Church, or any of its volunteers or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

Name of Parent/Guardian _____ Signature _____

Home Phone _____, Work Phone _____, Mobile Phone _____

Name of Parent/Guardian _____ Signature _____

Home Phone _____, Work Phone _____, Mobile Phone _____

Authorization completed on ___ / ___ / ___ and to remain effective for twelve months from this date.

Please provide an additional Emergency Contact (**other than the parent(s)/guardian(s) listed above**)

Name _____ Relationship to Minor _____

Home Phone _____, Work Phone _____, Mobile Phone _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Payment Information	Religious Education Fees 2016/2017
Fee: _____ Payment \$ _____	Yr. 1 Confirmation: <u>\$ 100.00</u>
Check # _____ Cash: _____	Yr.2 Confirmation: <u>\$ 100.00</u>
Date: _____	Yr.1 Confirmation Retreat: <u>\$ 90.00</u>
Retreat: _____	Yr.2 Confirmation Retreat: <u>\$ 90.00</u>
	Middle School Youth Ministry: <u>\$ 25.00</u>