

QUEEN OF PEACE CATHOLIC COMMUNITY
10900 SW 24th Avenue
Gainesville, Florida 32607

Youth Group Registration Packet

2011-12

This packet is for all teens 9th, 11th, 12th, grade who wish to join Visions Youth Group.

There is a separate packet for Confirmation candidates

Our first meeting will be September 18, 2011. Parents can register their teen at this meeting, but it is not the best time to do this.

The meeting will take place after the 5:30 Mass in the teen center. Dinner will be served for both teen and parent(s).

Any questions please email Ronnie Eisele at ronniechurchlady@yahoo.com

Or

Church phone 352 332 6279 X19

Confirmation Registration Form/Visions Youth Group 2011-2012

Name of teen Last First Middle age grade as of 9/11

Address street city zip code home phone number

Email address you wish schedules and announcements sent (please print) t shirt size

Emergency phone contact

Special interests or hobbies school attending

Family information

Father's name _____ Mother's name _____

Father's phone _____ Mother's phone _____

Do Mother and Father live together? Yes/No

Family registered at Queen of Peace Yes/No

Is family registered at Queen of Peace Yes/No

Teen baptized at Queen of Peace? Yes/No When? _____

Fee for Youth Group \$50 per teen

Fee for the sacrament of Confirmation and group \$155.00 per teen

Make checks out to Queen of Peace

Fees \$ _____ Check # _____ Cash _____

**Diocese of St. Augustine
Parent Permission and Release of Liability
Ministries and Agencies**

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of Diocesan Entity: Queen of Peace

Name of Program: Youth Group + Confirmation

Beginning Date: Sept 2011 → Sept 2012

Ending Date: _____

Please list any known allergies: _____

Physician's Name: _____ Telephone Number: _____

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For and in consideration of the above child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Victor B. Galeone, as Bishop of St. Augustine, a corporation sole, Bishop Victor B. Galeone, individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment.

(Parent / Guardian / Representative Signature) (Parent / Guardian / Representative Name)
(Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Diocese of St. Augustine
Parent / Guardian Medical Release

Child's Name _____ Date of Birth _____

Parent / Guardian Name: _____

Home Address: _____ Home Phone _____

Name of Diocesan Entity: St Augustine - Queen of Peace

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign on in accordance with your wishes)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to the above named Diocesan entity's employees, volunteers, or representatives to seek medical treatment for my child named above.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the above named Diocesan entity's representatives or volunteers to hospitalize, secure proper treatment for, and to order injection and / or anesthesia and / or surgery for my child named above.

In the event of an emergency, If you are unable to reach me at the above number, contact:

Name and Relationship: _____ Phone _____

Family Doctor: _____ Phone _____

Family Health Plan Carrier: _____ Policy Number: _____

I make the following exception(s) _____

My Child's Medications / Dosages:

Medication: _____ Dosage: _____ Doctor: _____

Medication: _____ Dosage: _____ Doctor: _____

Medical Problem or Condition (allergies, diabetes): _____

Condition: _____ Symptoms: _____

Physical Disabilities: _____

Signature of Parent / Guardian Date

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the above named Diocesan entity's volunteers or representatives that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I hereby give permission for over-the counter medication to be administered to my child according to directions.

Signature of Parent / Guardian Date

Child Photography Release
(must be updated annually)

Pursuant to law, and with respect for family privacy and safety concerns,

_____ Church in _____, Florida

will not release any photograph without prior written consent from you as parent or guardian.

Please check one of the following choices:

_____ I/We GRANT permission for a photo/image that includes our child(ren) without any other personal identifiers (no name, no age or grade, no address, just as a member of this church) to be published on the church's or diocese's public Internet site, in publications of the church or diocese, and/or in other media that may publicize church events.

_____ I/We DO NOT GRANT permission for a photo/image that includes our child(ren) without any other personal identifiers (no name, no age or grade, no address, just as a member of this church) to be published on the church's or diocese's public Internet site, in publications of the church or diocese, and/or in other media that may publicize church events.

Print children's names:

_____	_____
_____	_____
_____	_____
_____	_____

Print Parent/Guardian Name:

Print Parent/Guardian Name:

_____	_____
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Parent/Guardian Signature:

Parent/Guardian Signature:

_____	_____
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Date:

Date:

_____	_____
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