



# Saint Clement Youth Ministry

All Are Welcome. All Belong.

## Registration Form

First Year (Wed)   
  Returning (Sun)   
 Registration Date: \_\_\_\_\_

Registration Fees: \$100.00 Per Year (Make checks payable to: Saint Clement Church)

### Child Information

First Name:	Last Name:	Shirt Size:
Date of Birth (Month/Day/Yr):	School:	Grade:
Student's Cell Phone:	Student's Email:	

### Sacrament Information

*Please provide a copy of your Baptism and/or First Communion Certificate(s)*

Been Baptized in the Catholic faith? <b>YES</b> <b>NO</b>	Church Name: Date (Month/Date/Yr):
Received First Reconciliation? <b>YES</b> <b>NO</b>	Church Name: Date (Month/Date/Yr):
Received First Communion? <b>YES</b> <b>NO</b>	Church Name: Date (Month/Date/Yr):

### Formation Information

Number of years in Catholic School:	Where:
Number of years in Faith Formation Program:	Where:
Home Catechesis: <b>YES</b> <b>NO</b>	If YES, indicate number of years:
Which Sacraments do you wish to receive? <input type="radio"/> Baptism <input type="radio"/> First Communion <input type="radio"/> Confirmation	

### Parent(s)/Guardian(s) Information (with whom child resides)

Parent/Guardian 1 Relationship to Child:	First Name:		Last Name:	
	Cell Phone:	Work Phone:	Home Phone:	
	Email:			
Parent/Guardian 2 Relationship to Child:	First Name:		Last Name:	
	Cell Phone:	Work Phone:	Home Phone:	
	Email:			
Parents info (optional) please check:          ___ Catholic Marriage          ___ Marriage outside Catholic Church          ___ Not Married				
Home Address	Street Address:			
Apt. Number:	City:	Zip Code:		

## Medical Information

Please list any medical conditions or allergies that your child has:	
Please list any medications your child is taking:	
Medical Plan/Provider:	Plan Number/Code:
Doctor/Physician:	Phone:

## EMERGENCY Contact

<b>1.) Emergency Contact Name :</b> _____ <i>(other than parent: a family member/friend who does not live with you)</i>  Relationship: _____	<b>Phone:</b> _____
<b>2.) Emergency Contact Name :</b> _____ <i>(other than parent: a family member/friend who does not live with you)</i>  Relationship: _____	<b>Phone:</b> _____

\*Is your family registered parishioners of St. Clement? YES NO      Envelope number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Activities**

I, the Parent/Guardian of the above named Child, hereby, give my permission for his/her participation in St. Clement Youth activities. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school or Diocesan personnel responsible for the activity.    **Initial:** \_\_\_\_\_

**Medical**

The medical insurance noted on the child emergency information form will cover any hospital, medical and related costs and expenses in the event of illness or accident of an emergency nature. In the event my child is injured or becomes ill and requires emergency medical attention any resulting hospital, medical or related costs and expenses will first be paid by the medical insurance or family's benefit plan. In the event of an accident resulting from the participation in this activity, I will not hold St. Clement Parish, volunteers, and staff liable. I will list any medical condition of my child which would render it inappropriate for him/her to participate in any activities.    **Initial:** \_\_\_\_\_

**Volunteers**

I hereby give my permission for the Parish staff and adult volunteers to use their best judgment in obtaining medical services for my son/daughter should the need arise. I also give permission to the physician selected by Parish personnel to render medical treatment where necessary and appropriate. Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of Oakland.    **Initial:** \_\_\_\_\_

**Release Statement**

I hereby grant permission for my child named on this form for his/her name to be printed in our newsletter/bulletin, or photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if church/diocesan website, etc) for the purpose of promoting the activities of Saint Clement Parish.

Please circle: YES NO      **Initial:** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME (PRINT):** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**\*\*For Office Use Only**

Date	Receipt Number	Payment	Cash	Check #