



## ST. RAYMOND PARISH

***Our Mission: "To know Christ better and to make Him better known."***

### Youth Ministry 2017-2018

Registered at St. Raymond Parish? YES  NO  If No, Name of Church: \_\_\_\_\_  
(Required)

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Primary mailing address) City State Zip

Primary E-mail: (Please print clearly) \_\_\_\_\_

Secondary E-mail: (Please print clearly) \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First MI Last

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First MI Last Maiden Name

Father Work Phone: \_\_\_\_\_ Mother Work Phone: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other than guardian)

Relationship: \_\_\_\_\_

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Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Teens E-Mail: \_\_\_\_\_ Teen's Cell Phone: \_\_\_\_\_  
(Required)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

Grade Entering Sept. 2017: \_\_\_\_\_ School: \_\_\_\_\_

Baptism: \_\_\_\_\_ Needs to be Baptized?   
Date Received Church and Address (Check Box If Needed)

Reconciliation: \_\_\_\_\_ Needs Reconciliation?   
Date Received Church and Address (Check Box If Needed)

1<sup>st</sup> Eucharist: \_\_\_\_\_ Needs 1<sup>st</sup> Eucharist?   
Date Received Church and Address (Check Box if needed)

**A copy of Baptismal & First Communion certificates must accompany all registration forms including teens who have received sacraments at St. Raymond. Forms will not be processed until certificates are received.**

HEALTH AND MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Medical Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your youth in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to your youth in an emergency: \_\_\_\_\_  
\_\_\_\_\_

List all conditions (such as allergies, seizures) for which your youth requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_  
\_\_\_\_\_

Has your youth had difficulty with the following: (please check all that apply)

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Ears
- Nose  Throat  Lungs  Digestion  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_  
\_\_\_\_\_

Allergy or reaction to any medications?  No  Yes, list: \_\_\_\_\_

Date of your youth's last physical examination: \_\_\_\_\_

I certify that the above information is accurate and will notify the Youth Ministry Office of any changes that occur after the date below. I grant permission for my child(ren) and members of my family named on this form to be 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 necessary, and be published and/or broadcast (newspaper, church bulletin, Church/diocesan website, etc.) For the purpose of promoting the activities of St. Raymond Parish. I give permission for my family/teen's contact information to be shared with those involved in the liturgical ministry they sign up for as well as shared with their small group leader.

\_\_\_\_\_  
Signature of Parent or Guardian) Date: \_\_\_\_\_

For tuition please make check payable to: **St. Raymond Youth Ministry**  
**Credit Cards accepted**  
(All returned checks are subjected to a \$5.00 service charge)

**50% of tuition fees must be received with registration form.**

Youth Group Program - \$150.00 .....\$ \_\_\_\_\_  
Amount Enclosed..... \$ \_\_\_\_\_  
Payment Plan needed (check box).....

**For Office Use Only**

Early Bird Discount (Paid by June 30, 2017) - \$25.00.... \$ \_\_\_\_\_  
Each Additional High School Youth Discount -\$20.00 ..... \$ \_\_\_\_\_  
**TOTAL DUE** ..... \$ \_\_\_\_\_  
Balance Due (will be billed) ..... \$ \_\_\_\_\_

For Office Use Only:  
Date Received: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Check # \_\_\_\_\_  
Credit Card used   
Amount \_\_\_\_\_

# 2017-18 YOUTH MINISTRY

## St. Raymond Youth Ministry

### PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

Participant's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Grade Entering Sept. 2017: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
First MI Last

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
First MI Last

Father's pager/cell: \_\_\_\_\_ Mother's pager/cell: \_\_\_\_\_

In Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other than Guardian)

Relationship: \_\_\_\_\_

### HEALTH AND MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Medical Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type and frequency of medication given: \_\_\_\_\_

Has your child had difficulty with the following: (please check all that apply)

- Asthma  Fainting Spells  Convulsions  Diabetes  Heart  Eyes  Ears  
 Nose  Throat  Lungs  Digestion  Other: \_\_\_\_\_

List any physical restriction or restriction for any activity on the basis of medical condition: \_\_\_\_\_

Allergy or reaction to any medications?  No  Yes, list: \_\_\_\_\_

Date of your child's last physical examination: \_\_\_\_\_

(PLEASE COMPLETE THE BACK OF THIS FORM)

1. I/we, parent(s) or authorized guardian(s) of \_\_\_\_\_, give permission for his/her participation in the following youth ministry activity(ies):

*On Fire Six Flags Discovery Kingdom- September 16, 2017*  
*Confirmation Retreat at Mount Hermon- Nov. 10-12, 2017 (confirmation candidates only)*  
*Gift Night- December 8, 2017*  
*Walk for Life West Coast- January 20, 2018*  
*30 Hour famine with St. Joan of Arc- Lent 2018*  
*Pan da Vida- April 13-15, 2018 at St. Raymond*  
*St. Anthony's Dining Room- San Francisco Tenderloin- Dates TBD*  
*Multi-Parish Lock-In- Date TBD*  
*Nor Cal Steubenville Youth Conference- July 27-29, 2018*  
*Medshare- Date TBD*

& any other event I sign my child to up to attend through St. Raymond's Youth Ministry Program

And all related activities, including but not limited to transportation to and from the youth ministry activities.

2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any youth ministry activity, whether or not caused by the negligence of the parish, youth ministry program employees, agents or volunteers or other participants.
4. I/we understand that children participating in youth ministry activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

#### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the youth ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in the youth ministry activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any youth ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily sign the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.
4. I authorize St. Raymond's Church, the making of photographs, videotapes, or other memorializing/promotional use of events and my and my child's participation therein, and the publication and duplication or use thereof. I, hereby waive any rights of compensation or any right that I otherwise might have to limit or control such making or use.

I have read this Agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**TEEN COMMITMENT**

I \_\_\_\_\_ agree to the following in order to participate in the St. Raymond (youth group and/or Parish Name)

Student's Name (Print)

Parish Name

Confirmation) Program:

- I will arrive on time and come with an open mind and heart. I will stay for the entire gathering.
- I will be respectful of all staff, core members and my peers.
- I will follow directions and willingly participate in discussions and activities.
- I will not come to the gatherings under the influence of alcohol or drugs. Nor will I will not bring any drugs, illegal substances, contraband, weapons, cigarettes or pornography to the gatherings.
- I will not threaten anyone, act violently or inappropriately or use profane language.
- I will use my cell phone respectfully and only at appropriate times.**
- I will act in a Christian manner at all times and respect the opinions of others.
- Out of respect for others and myself, I will dress modestly.
- I understand what is expected of me in the youth ministry program.
- I understand that if I miss more than two sessions it may delay my confirmation date so as to make sure that I am adequately prepared for the sacrament.

If I violate any condition of this agreement, I understand that my parents / guardians will be contacted and asked to pick me up immediately. I will not be readmitted into future gatherings until my parents / guardians, youth ministry leader and I meet to discuss my future participation.

**PARENT COMMITMENT**

I, we \_\_\_\_\_, agree to the following conditions for our son/daughter \_\_\_\_\_

Parent's Name (Print)

Student's Name

to participate in the St. Raymond Youth Ministry Program:

Parish Name

- I will discuss the above terms with my teen. I understand what is required of my teen.
- I understand that I am the primary educator of my child and will do my best to support the spiritual well-being of my child.
- I will get my teen to the gatherings on time and pick them up from the gatherings on time
- I will attend all parent/teen sessions with my teen.
- I will pray for my teens and the other teens in the youth ministry program
- I will support the youth ministry through my participation in a volunteer committee and serve at least five hours.
- I understand the requirements of the program and what is expected of my teen
- I will attend mass every Sunday with my teen.
- I will pick my child up if called to do so immediately and agree to meet with the Youth Minister
- I understand that if my teen misses more than two sessions, their confirmation may be delayed so as to make sure they are adequately prepared to receive the sacrament.

**YOUTH MINISTRY LEADER COMMITMENT**

I Shannon Rogers, commit to the following to insure meaningful youth ministry:

Youth Minister's Name

- SR I will pray for all the participants and volunteers each week.
- SR I will work diligently to plan meaningful, engaging interactive gatherings.
- SR I will be respectful of all present.
- SR I will strive to be a strong example of Christian virtue
- SR I will do my best to help inspire and challenge the participants to grow in their relationship With Jesus Christ.
- SR I will continue to grow in my faith and experience thru ongoing formation, participation in Workshops, talks, education etc.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature

Shannon Rogers  
YM's Signature

\_\_\_\_\_  
Date Signed:

# APPENDIX D - SPONSOR INFORMATION FORM

## ONLY TO BE FILLED OUT IF TEEN HAS NOT BEEN CONFIRMED

Date: \_\_\_\_\_ Candidate: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
(Cell) \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Sponsor's Parish: \_\_\_\_\_

If you are not a registered member of ST. RAYMOND a letter from the pastor or your parish attesting your ability to be a sponsor for the sacrament of Confirmation is **required**. This letter must arrive in our church office 60 days prior to Confirmation.

To be a sponsor, I realize that I must:

1. Be an active, practicing Catholic
2. Not be one of the candidate's parents
3. Be at least 16 years of age
4. Have received the sacrament of Confirmation
5. Be receiving the sacraments of Penance and Eucharist frequently.
6. Be married in the Catholic Church, if married.
7. Plan to maintain an ongoing relationship with the candidate in order to promote the candidate's lifelong spiritual growth.

**Relationship to Candidate:** \_\_\_\_\_

I declare that I am living such a life and that I will be a long term spiritual guide and mentor for my candidate.

\_\_\_\_\_  
*Sponsor's signature*

\_\_\_\_\_  
*Date*

## Due by November 1, 2017

