

J.U.M.P. SATURDAYS
ST. RAYMOND PARISH
Registration Form 2017-2018

Parental Permission, Health Authorization, Release Form

Registered in St. Raymond Parish? YES NO If no, name of church _____

Family Name: _____ Home Phone: _____

Address: _____
(Primary Mailing Address) City State Zip

Father: _____ Work Phone: _____
First MI Last

Father's Cell: _____ E-mail: _____

Mother: _____ Work Phone: _____
First MI Last

Mother's Cell: _____ E-mail: _____

Parent's Language Preference (for communication): _____

In Case of Emergency: _____ Phone: _____
Other than guardian

Relationship: _____

Participant's Name: _____
First Middle Last

Gender: _____ Date of Birth: _____

Grade Entering Sept. 2017: _____ School: _____

Cell Phone: _____ Email: _____

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

(Please Complete Other Side)

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 grant permission for my child(ren) 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 certify that the above information is accurate and will notify the Youth Ministry Office of any changes that occur after the date below

(Signature of Parent or Guardian)

Date

Please make checks payable to: St. Raymond Youth Ministry

(All returned checks are subject to a \$5.00 service charge)

Credit Card Payments Accepted

Registration fee must be received with registration form.

TO BE COMPLETED BY ST. RAYMOND PARISH STAFF MEMBER ONLY

New to JUMP Saturday Program - \$65.00(includes t-shirt)	\$	_____
Include t-shirt size(adult)	_____		
Returning to jump saturday	\$55.00 (no shirt)		
Returning students may purchase a shirt- \$10		_____
Include t-shirt size(adult)		_____
Early bird discount registered by June 30 th (\$10 discount)	\$	_____
Total Due	\$	_____
Amount Enclosed	\$	_____
Balance Due (will be billed)	\$	_____

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

St. Raymond Youth Ministry

PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM

Participant's Name: _____ Cell Phone: _____

Address: _____
City State Zip

Grade Entering Sept. 2015: _____ 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 Jump Saturday youth ministry activity(ies):

September 24-25th St. Raymond Parish Fall Festival

Nov 4- TBD

Dec. 9, 2017 – Adopt-a-family shopping at Target

January 20, 2018- Walk for Life in San Francisco

Feb. 3, 2018- TBD

Mar. 24, 2018 - Easter Egg Hunt Preparations

April 8, 2018– Easter Egg Hunt ***This is a Sunday***

May 12, 2018- Great America

& any other social event boomers I sign my child up to attend through St. Raymond’s Youth Ministry Program, including but not limited to Ice-skating, laser tag, bowling, roller-skating, Boomers Livermore, and any other scheduled social event.

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 child’s (or any member of my families) 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