

St. Philomena & St. Michael Catholic Churches

1301 North Market Street, Monticello, IL 61856 ~ (217) 762-2566 ~ St.PhilomenaChurch@yahoo.com
Msgr. Michael Bliss, Pastor ~ Julie & Rich Wilson and John & Bethany Dowling, Youth Group Coordinator

2019 – 2020 YOUTH GROUP REGISTRATION

Please complete Student Information, any Medical Information, and Medical Insurance Information below. Sign the Publicity Waiver/Liability Waiver/Authorization for Emergency Medical Treatment form on back. Please return to the parish office along with registration fee. Additional forms are available in the parish office, on the Youth Group bulletin board, or online at StPhilomenaOnline.org.

Student Information

Youth Group meets on select Sunday evenings from 7:00pm to 8:30pm.

Name of Parent(s) _____

Street Address/City/Zip _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Email Address(es) _____

Student Email Address _____ Student Cell _____

Name of Teen	Date of Birth	Grade in 2019-2020	Known Allergies & Medical Info We Need To Be Aware Of (Including Current Medications)	Sacraments Received (Baptism, First Communion, Confirmation)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Insurance Information

Policy Holder (in the name of) _____

Insurance Company _____

Employee Identification # _____ Plan Number _____

Authorized Physician _____ Phone # _____

Authorized Hospital _____

Emergency Contact _____ Phone _____

Parent Chaperones

All youth group parents are asked to be chaperones for the 2019-2020 school year. Please sign below and the parish office will send out a Chaperone Registration Form to be completed. Adults are needed to help with the youth group and/or attend youth group trips throughout the year.

Chaperone registration forms are required BEFORE an adult may attend a youth group meeting or trip – No Exceptions! In addition, all chaperones must complete the following PRIOR to any chaperone activity: Safe Environment Training, Federal & State Background Check, DCFS Background Check, Diocesan Harassment Policy, Diocesan Sexual Abuse Policy, Diocesan Bullying Policy, Diocesan Code of Pastoral Conduct, Volunteer Code of Conduct and if applicable, Copy of Current Driver's License, Auto Insurance & Auto Registration. All required forms will be sent to you upon receiving this signed registration form. All forms must be returned to the parish office for processing.

Signature of Father

Signature of Mother

Date

Date

PLEASE COMPLETE REVERSE SIDE

2019-2020 Youth Group Registration Fees Due

\$25 per student

Please make checks payable to St. Philomena Church. If there is a financial need, please put scholarship request in writing and return with this form.

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to the proper medical authorities.

I understand that in the case of illness or injury to my child, the parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility. This Authorization for Emergency Medical Treatment is valid for a period of one year, from August 1, 2019 through July 31, 2020.

Publicity Waiver—2019-2020 Academic Year

On occasion, the parish named above takes photos (including Mission Trip) or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio-visual records may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria and Parish the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Liability Waiver—2019-2020 Academic Year

I understand the risks that the Youth Group Program may present, including, but not limited to, a serious personal injury or death. In consideration of my child being allowed to participate in the Youth Group, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the Youth Group Program, and their employees and agents, from any liability, except by negligence, for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in the Youth Group Program.

Signature of Parent/Guardian

Date

Parental Authorization – 2019-2020 Academic Year

I request that my child be allowed to participate in Youth Group Activities. I understand that some activities may take place away from the parish grounds. I understand that these activities expose my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower parish officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

Signature of Parent/Guardian

Date

Student Agreement – 2019-2020 Academic Year

While participating in Youth Group Activities and the Mission Trip, including Free Day Activities, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the parish has the right to terminate my participation in the Youth Group Activities and/or the Mission Trip, including Free Day Activities, at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand if I am removed from the Mission Trip my parents are responsible for my travel expenses.

Signature of Student

Date