

**BLESSED SACRAMENT YOUTH MINISTRY REGISTRATION 23-24**



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

**Fee: \$50 per student (Middle and High School).**

**Student Information:**

Student's Legal Name (Last, First): \_\_\_\_\_

Age (as of September): \_\_\_\_\_

Grade (as of September): \_\_\_\_\_

Current School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Student Email: \_\_\_\_\_

Medical Conditions? (If so, please list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Please check here if you would like to discuss any special needs your child might have or accommodations your child might need to be successful in the program.

**Please complete the following for new registration or to update information:**

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

Sacraments Received (Circle):    Baptism    First Communion    Confirmation

**Parent Information:**

Father's Name (Last, First): \_\_\_\_\_

Mother's Name (Last, First): \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Parents are (please circle one):    Married    Divorced    Separated    Single

Student lives with: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Best Email Address: \_\_\_\_\_

**(Lifeteen communication is done primarily through email. Please provide the best email address to reach you.)**

Please return completed form w/payment to Rachel Sugg, [youthbscc@gmail.com](mailto:youthbscc@gmail.com) // (757) 423-8305

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Please be assured that all children, regardless of circumstances or abilities, will be accommodated.

## Emergency Contact:

Emergency Contact Name (Last, First): \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Please Fill Out All Below Information:**

**Parent Support:** Please check the areas in which you are able to help. (Please check at least one)

Donate snacks/food: \_\_\_\_\_ Provide Lunch: \_\_\_\_\_ Chaperone trips/events: \_\_\_\_\_

Volunteer at Fundraisers: \_\_\_\_\_ Core Team Member: \_\_\_\_\_

## Medical Release

I agree to indemnify the Blessed Sacrament Parish, Youth Minister, Volunteers, and the Diocese of Richmond for any costs or expenses arising out of my child(ren)'s participation in the activities including the cost of any medical care given my child(ren) or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child(ren) in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform and diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Catholic Diocese of Richmond Photo, Press, Audio, and Electronic Media Release

I authorize the Catholic Diocese of Richmond, its parishes and/or schools to use and publish the photographs and/or motion picture of videotape for which I or my child(ren) have posed, and/or audio recordings made of my voice. I agree that the Catholic Diocese of Richmond, its parishes and/or schools may use such photographs of me or my child(ren) with or without my or my child(ren)'s name and for any lawful purpose, including, for example, such purposes as publicity, illustration, bulletin, and web content.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Office Use Only**

Date Paid: \_\_\_\_\_

Payment method (Circle one):                      Check                                      Cash                                      Online

Check #: \_\_\_\_\_

Please return completed form w/payment to Rachel Sugg, [youthbscc@gmail.com](mailto:youthbscc@gmail.com) // (757) 423-8305