

YOUTH MINISTRY 2017-2018
GRADES 6-12 REGISTRATION FORM

Our Lady of Light Catholic Community
19680 Cypress View Dr. Fort Myers, FL 33967

Annual fee is \$50 per family
Due July 15th

FAMILY'S LAST NAME: _____

Mailing Address: _____
Street City Zip Code

Phone: _____ Email: _____
(This is our primary method of communication)

Parent/Guardian Name: _____ **Cell:** _____

Emergency Contact (other than parent/guardian): _____

Cell: _____ Relationship to student: _____

STUDENT 1 INFORMATION:

_____ Last First Middle

Date of Birth: _____ Male: ____ Female: ____

Student Cell: _____

Can we text your son/daughter reminders about upcoming events/trips? Yes ____ No ____

2017/2018 Grade Level: _____ **School Student Attends in 2017/2018** _____

Health Concerns/Allergies/Special Needs:

STUDENT 2 INFORMATION:

_____ Last First Middle

Date of Birth: _____ Male: ____ Female: ____

Student Cell: _____

Can we text your son/daughter reminders about upcoming events/trips? Yes ____ No ____

2017/2018 Grade Level: _____ **School Student Attends in 2017/2018** _____

Health Concerns/Allergies/Special Needs:

SUNDAY NIGHT MEALS:

Every Sunday evening our teens share a meal together. This meal is donated by parents and prepared by our Kitchen Crew. Please check the box below if you would like to occasionally donate a dish on Sunday evenings.

Yes! I would like to donate a dish on Sunday evenings. *(A weekly email with a menu will be sent out by Irene Porter.)*

PHOTO RELEASE STATEMENT:

I hereby **grant** permission for my child to be photographed and/or videotaped during Youth Ministry activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further **grant** permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting any and all youth programs at Our Lady of Light.

I hereby **decline** to grant permission for my child to be photographed and/or videotaped during Youth Ministry activities and events. I have instructed my child to **decline** to be photographed and/or videotaped at all times. I have further instructed my child to notify Core Members that he/she may not be photographed and or videotaped under any circumstances.

Parent Name (Please Print) _____

Parent Signature _____ Date _____

Please include payment with registration form or contact the Youth Ministry Office for other arrangements.

Tracy Padilla
Youth Minister
tracy@ourladyofflight.com
239-267-7088 ext. 235



DIOCESE OF VENICE IN FLORIDA

**CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM
FOR TRIPS, PROGRAMS AND EVENTS**

NAME OF PARTICIPANT(S)* _____ DOB: _____
**See attached list for all family members attending*

ADDRESS _____ PHONE: _____

ALTERNATE PHONE: _____ E-MAIL _____

SCHOOL/PARISH/DIOCESAN ENTITY _____

NAME OF TRIP, EVENT OR PROGRAM _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious

injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocese or Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.
7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.
8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: _____ Date: _____

Parent/Guardian of a Minor Signature _____ Date: _____

*Additional family members participating:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____