

Anchor Youth Ministry 2019-20

Grades 6-12 Registration form

Our Lady of Light Catholic Community

19680 Cypress View Dr. ~ Ft Myers, FL 33967

www.ourladyoflight.com ~ patty@ourladyoflight.com

Registration Fee: \$50/family Date Received _____ Amount _____

Method: Cash _____ Check # _____

Add \$10 late fee after July 15, 2019

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 ___
2019-20 Grade Level _____ School Student Attends in 2019-20 _____
Sacraments Received: Baptism _____ First Eucharist _____ Confirmation _____

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 ___
2019-20 Grade Level _____ School Student Attends in 2019-20 _____
Sacraments Received: Baptism _____ First Eucharist _____ Confirmation _____

STUDENT 3 INFORMATION:

Last _____ First _____ Middle _____
Date of Birth: _____ Male ___ Female ___
Student Cell: _____
Can we text your son/daughter reminders about upcoming events/trips? Yes ___ No ___
2019-20 Grade Level _____ School Student Attends in 2019-20 _____
Sacraments Received: Baptism _____ First Eucharist _____ Confirmation _____

Medical Information – Do(es) your child(ren) have any medical conditions, allergy, or learning disability that we need to be aware of? Any regular medications? If so, please specify that information:

Child's name: _____
Information: _____
Child's name: _____
Information: _____

Please read and sign at bottom of page.

Return your registration & fee to the office, unless you paid through Footsteps in Faith.

Contact Patty for payment arrangements – no youth is denied due to lack of funds.

- Anchor Middle and Anchor High are for students grades 6-12. Our weekly meetings run October thru April, and we hold bible studies, retreats, small groups, and socials throughout the year.
- Meetings are held following the 5:00pm Mass and begin with dinner in our Parish Center.
- Email is the most commonly used form of communication.
- The celebration of the Mass is the central point around which parish life and lifelong Faith Formation flow. There is no better way to raise your child in the faith than to celebrate Mass with them weekly. If you cannot bring them, please help them find a way there, and be encouraging of their zeal for or inquisitiveness of the faith.
- If you need this year to count as a prerequisite for Confirmation, you'll need to attend at least 85% of the sessions, signing in on the participation sheet before each meeting. There may be other expectations such as retreats and the youth rally, so be watching for that.
- Inquiries about Confirmation should be made to Patty@ourladyoflight.com by September 1, 2018.
- Look for opportunities to take part in the life of the parish outside of Youth Group. Do these things together whenever you can. Ideas? Volunteer for a liturgical ministry – Eucharistic minister, lector, greeter, usher. Come to Taize prayer, November's Night of Remembrance, and all Holy Days of Obligation. Watch for service projects in the bulletin. Volunteer for Children's Faith Formation programs. Your child will expect you to have reasons for wanting them to participate in church activities, so be honest with them and learn with them. You won't have all the answers – none of us do!
- For any questions or concerns at any time, please contact Patty Cox in the Parish Office at (239) 267-7088, x229 or by email at Patty@ourladyoflight.com.
- We love volunteers! There are lots of ways to get involved at the parish, and by giving your time, you teach your child the importance of serving others. Mark any opportunities you would like more information about:
 - Sunday night Anchor pizza helpers (_____)
 - Anchor Catechist or Assistant (_____)
 - 10:30 am Children's Liturgy of the Word (_____)
 - Office/Data Entry Help (_____)
 - Usher/Greeter at Mass (_____)
 - Altar Server (all ages 3rd grade through adults!) (_____)
 - Photographer/Technology (_____)
 - Social Media (_____)
 - Help with Outreach (Volunteering, Collections, Shelters) (_____)
 - Help with Socials (_____)

We are a Safe Environment: Drugs and alcohol and any other illegal or banned substances are always off-limits before, during, or after Youth events, and especially anywhere on Church campus. Students who do not comply are subject to removal from the premises, parent contact, and law enforcement involvement. On this note, please keep it clean – nothing intimate, sexual, harassing, bullying, or otherwise inappropriate or unkind is welcome on campus or at any youth event. Please contact Patty for any concerns in this area.

I have read and understood this information and fully completed the registration form. For any questions or special concerns, I may contact Patty Cox, Coordinator of Youth Ministry at Patty@ourladyoflight.com or 267-7088, x229.

Adult/guardian signature: _____

Print name: _____



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. _____



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MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: _____

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian



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**AUTHORIZATION FOR RELEASE AND USE OF IMAGE
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Parent/Guardian's Signature

Date

Address

Phone