

PLEASE PRINT:

Teen's Name: _____ Date of Birth: _____
Address: _____ Zip Code: _____
Teen's Email Address: _____ Teen's Cell #: _____
School: _____ Grade: _____ Text Messaging: Y or N

Parent and/or Guardian Name: _____
Email Address: _____ Home Phone #: _____
Cell # _____ Text Messaging: Y or N

NOTE: SEAS Communication Policy is a "one to many" process. E-mails and texts are sent to groups; teen groups include the teen and parent.

HEALTH INFORMATION:

If child has special needs (learning disability, handicaps, allergies), please indicate:

Who should be notified in case of emergency if a parent cannot be reached?

Name: _____ Relationship: _____
Phone (Day): _____ Phone (Evening): _____
Health Insurance Company: _____ Policy No.: _____
Family Physician/Clinic: _____ Phone: _____

Is there anything else we should know about your child?



In signing this health form, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical and other emergency purposes only and for the release of medical records to an attending physician in case of illness.

In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

Signature of parent/guardian: _____

Phone Number: _____ Date: _____

CODE OF CONDUCT FOR ALL PROGRAMS:

The purchase, possession or consumption/use of alcoholic beverages or other illegal drugs will not be tolerated. Failure to comply will result in **immediate dismissal** from the event. This policy also applies to adult volunteers and chaperones.

Minors will not be allowed to smoke cigarettes or to use tobacco products, including chewing tobacco. Participants are expected to obey the directions of adults in charge (catechists, youth group leaders, and chaperones).

Participants are representing their parish community. Appropriate behavior and language are expected. No dangerous or rough play will be tolerated.

Final decisions regarding acceptable behavior/consequences are the decision of the staff person in charge.

In general, if the behavior of a minor child results in his/her dismissal from the program, it is the responsibility of the parents/legal guardians to provide, at their own expense, transportation for the dismissed child. If a child is dismissed from an off site event and an adult chaperone must accompany the child home, the parents/legal guardian are responsible for any related expenses.

As a youth of St Elizabeth Ann Seton Parish, I understand and agree to follow the rules and regulations as determined by the Parish and the Diocese of Rochester for this activity/program. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's expense.

Parent/Guardian

Signature: _____

Date: ____/____/____

Youth Participant

Signature: _____

Date: ____/____/____

PARENT/GUARDIAN PARTICIPATION:

Please mark all areas you would be able to participate as a chaperone and/or volunteer for Youth Ministry Programs. The Office of Youth Ministry will contact you for specific date availabilities:

_____ Yes, I can assist when needed as a Chaperone

_____ Yes, I can drive _____ youth in seatbelts

_____ No, I am no able to drive

_____ Yes, I would like to assist with an occasional activity

_____ Yes, I would like to participate with Youth Activity Planning

_____ Yes, I would provide snacks and drinks for Group activities

REGISTRATION FEES:

Registration for 2011-2012 Youth Group is \$25.00. Please make checks payable to SEAS and return with this form to the Parish Office or mail to 3747 Brick Schoolhouse Rd, Hamlin, NY, 14464