

Church of the Resurrection

High School Youth Ministry Program (RYM)

(408) 245-5554 x25

youth@resparish.org

2011-2012 NEW RYM Member Registration Form

Student's Name: First _____ Middle _____ Last _____

Address _____ City _____ Zip _____ Phone _____

Date of Birth ____/____/____ Place of Birth: City _____ State _____

Male _____ Female _____ Religion of Child _____

Has your child ever attended a youth ministry program other than RYM? Yes – No (circle)

If yes, which parish or church, and what denomination? _____

Grade in School 2011-2012 _____ School _____

Mother's Name: First _____ Maiden _____ Last _____ Religion _____

Married _____ Separated _____ Divorced _____ Remarried _____ Deceased _____ Single Parent _____

Father's Name: First _____ Middle _____ Last _____ Religion _____

Married _____ Separated _____ Divorced _____ Remarried _____ Deceased _____ Single Parent _____

Parish Affiliation: Registered Church of the Resurrection Parishioner Yes _____ No _____

On-Site Events & Activities Consent: Events & Activities that take place on-site at Church of the Resurrection and its facilities may include but are not limited to: fellowship nights, bible study, youth mass, bake sales, ministry fair, basketball, volleyball, soccer, kickball, wiffleball, football, movie nights, concerts, game nights, sports tournaments, BBQs, picnics, cafe nights, and fundraising. If you desire to limit your child's participation in any event, please submit your wishes in writing to the youth ministry director prior to that event.

_____ has my permission to attend all **on-site** youth activities and events sponsored by Resurrection Youth Ministry.
Name of Student _____

NOTE: Every **off-site** event will have its own specific code of conduct and permission slip that will be required to be reviewed and signed by both parent and student to allow full participation in the event.

Parental Photo Consent: Church of the Resurrection Youth Ministry (RYM) may capture images of your minor child using conventional film cameras, digital cameras, or video cameras during meetings, fellowship gatherings, or socials for RYM's sole private use. Said images and videos may then be printed in the church bulletin, RYM or parish newsletter, church website, RYM "Blog", or flyers and pamphlets for current and future promotional purposes and recognition. ONLY your child's FIRST name may be used in conjunction with said images and descriptions of said images to protect the privacy and anonymity of your child. We would appreciate your permission to use said images, which may contain your child, for the purpose stated above.

I/We, the undersigned parent(s) or guardian(s) of _____, a minor, give permission to Church of the Resurrection to use photographs in any and all promotional materials associated with the Youth Ministry program.

Parent/Guardian Signature _____

Date _____

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Family Name _____ Home Phone _____

Home Street Address _____ City _____ Zip Code _____

Name of Father/Guardian _____ Work Phone _____ Cell Phone _____

E-mail address _____ Prefer to contact via e-mail or phone (circle one)

Name of Mother/Guardian _____ Work Phone _____ Cell Phone _____

E-mail address _____ Prefer to contact via e-mail or phone (circle one)

May we add your e-mail to the RYM online newsletter distribution list? Yes ~ No ~ I already receive it (circle one)

Child lives with: _____ If children do not reside with both parents, may either take child home? ___Yes ___No

Please list all persons (other than parents) who are authorized to pick up your child in the event of sickness, a medical emergency, or earthquake/fire disaster:

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Medical Insurance: Name _____ ID# _____

I understand that Youth Ministry does not assume responsibility for payment of a physician in any case. However, in an emergency, Youth Ministry may choose a physician. Please indicate: ___Yes ___No

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

List any drug, food, or other allergies (i.e. bee sting, etc.)	List any chronic illness (asthma, diabetes, heart condition, epilepsy, etc.)	List any medications taken on a regular basis	Please comment on anything else we need to know about your child

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CONSENT FOR TREATMENT

I/We the undersigned parents or legal guardian of _____ (list all children above), a minor, do hereby authorize a representative of Resurrection Youth Ministry as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of an accredited hospital whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

Parent or Legal Guardian Signature _____ Date _____

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Volunteer Sign-Up

Resurrection Youth Ministry depends on volunteers such as parents and young adults (21+). We really need your help in many areas of the Youth Ministry Program. We suggest that parents donate two volunteer hours per year to the Youth Ministry Program or to other ministries in the parish.

Name _____ Phone _____

E-mail _____ Best Way to Contact: _____ E-mail _____ Phone _____

Address _____ City _____ Zip _____

I am able to volunteer in one or more of the following areas:

- _____ Chaperone RYM field trips, service trips, socials, or retreats
- _____ Assist at Sunday Night Live Fellowship (SNL) (1 or 2 meetings)
- _____ Assist at RYM fundraising events: bake sales, benefit concerts
- _____ Assist at RYM-hosted Lenten Soup Supper/Stations of the Cross
- _____ Assist with the RYM sponsored Living Stations of the Cross
- _____ Bake homemade cookies for bake sales, Halloween party, or Christmas party
- _____ Bring treats/snacks for SNL and program parties, BBQs, or help serve
- _____ Sewing or arts & crafts (circle one or both)
- _____ Sunday 5:30pm Youth & Young Adult Mass
 - ✓ Proclaimer, Cantor, Greeter, Eucharistic Minister, Usher (circle one or more)
- _____ Helping with upkeep of RYM resources (The LoFT environment, consumables, repair & maintenance, wishlists)
- _____ Starting a phone tree or contacting other RYM parents directly by phone when needed
- _____ Work-at-home office help: Blog Entry / Data entry / Website / Newsletter / Compose flyers etc. (circle one or more)
- _____ Other _____

Thank you for helping and modeling Christian community service to our young disciples!