



104 S. Aberdeen Ave. Wayne, Pa 19087

Youth Minister, Steph Twohig, contact at youthministry@sksparish.org

Youth Ministry Membership Form & Parental Consent 2020-2021

Youth Participant's Full Name : _____

Date of Birth: _____ Gender (please check one): Male Female

School: _____ Grade: _____

Address:

Home Phone: () _____ ---- _____

Siblings (names and grades): _____

We are registered at (please check one): **SKS** _____ **Parish** **None**

Father's / Guardian's full name: _____

Work phone: _____ Cell phone: _____

Email: _____

I would like to minister as an Adult Volunteer for youth events (please check one). yes not at this time

Mother's / Guardian's full name: _____

Work phone: _____ Cell phone: _____

Email: _____

I would like to minister as an Adult Volunteer for youth events (please check one). yes not at this time

I give my permission for my child's picture to be taken as a part of youth ministry activities and to be used in any promotion activities including the website (please check one):

yes **no**

(This form is double-sided)

2019-2020 Emergency Information & Liability Release

- Emergency contact name (Not Guardian) : _____ Relation: _____
Home Phone: _____ Cell Phone: _____
- Please indicate any specific medical conditions, allergies, or dietary restrictions that we should be aware of:

- Please indicate any specific academic or behavioral concerns that we should be aware of:

- Please indicate any specific medications that your child requires: _____

Dosage: _____ Frequency: _____
- My child has permission to be given Ibuprofen or Tylenol if they request it.
Please check one: Yes No

Approval for child to be transported via car to previously scheduled events by St. Katharine of Siena Parish staff and approved volunteers (PLEASE INITIAL ALL THAT YOU APPROVE):

- _____ Scheduled Sunday night social events leaving from St. Katharine of Siena
- _____ Scheduled Service Projects leaving from St. Katharine of Siena
- _____ Scheduled Retreats and Archdiocesan events leaving from St. Katharine of Siena

In case of an unforeseen medical emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give consent to the St. Katharine Parish Staff and Volunteers to secure the services of a licensed physician to administer emergency medical treatment. I hereby agree to indemnify and hold harmless St. Katharine's Catholic Church, the Archdiocese of Philadelphia and it's officers, employees, and volunteer staff from any and all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities. I confirm that I and my son/daughter are covered by medical insurance, the provision of which is a requirement for participation in all of St. Katharine Youth Ministry programs and activities.

Liability Release

I have carefully read and fully understand the medical information and release of liability stated herein and subject to all of the above, I agree to my own and my son's/daughter's participation in St. Katharine Ministry programs and activities, and accept the terms and conditions as stated.

_____ Date _____
Signature of Parent/Legal Guardian

_____ Date _____
Youth Participant Signature

Please return completed membership forms to:
St. Katharine of Siena
104 S. Aberdeen Ave.
Wayne, Pa 19087
Atten: Youth Minister – Steph Twohig