

Church of St. Pius X

Youth Health & Registration Form

This form should be completed for each young person participating in any youth ministry activity. The information will be kept confidential. It is requested in order to assist our youth coordinators/volunteer leaders in risk management planning. Please include all relevant details, including the name(s), dosage(s), etc. of all medications.

SECTION A – YOUNG PERSON

1 FIRST NAME	MIDDLE INITIAL	LAST NAME
2 STREET	CITY	ZIP CODE
3 MOBILE NUMBER	4 DATE OF BIRTH	
5 GENDER	6 EMAIL ADDRESS	
7 SCHOOL		YEAR AT SCHOOL

SECTION B – MEDICAL

8 DETAILS OF ALL REGULAR MEDICATIONS	
9 DETAILS OF ALL ILLNESSES (E.G., DIABETES, ASTHMA)	
10 DETAILS OF ALL ALLERGIES	
11 DETAILS OF ANY CONCERNS THAT MIGHT INFLUENCE PARTICIPATION (E.G., WATER/HEIGHT/OPEN SPACES)	
12 DETAILS OF ANY DIETARY REQUIREMENTS/RESTRICTIONS	
13 PRIMARY CARE PHYSICIAN	NAME/ADDRESS/PHONE NUMBER

SECTION C – YOUNG PERSON AGREEMENT

When participating in any youth ministry activity, I agree I will: 1. Respect other people, including leaders. 2. Respect Church values 3. Respect all property. 4. Respect myself (e.g., I won't be under the influence of illegal drugs or alcohol.) 5. Wear a face mask that covers my nose and mouth, wear gloves and maintain social distancing for my safety and the safety of all persons, if requested by any youth coordinator/volunteer leader. 6. Will absent myself from any youth ministry activity if (a) I am ill or have a fever, or (b) I have been exposed to anyone who has tested positive for COVID-19 or traveled to any destination that has a high incidence rate of COVID-19 cases unless I have quarantined for at least 14 days.	
14 SIGNATURE	15 DATE

SECTION D – PARENT / GUARDIAN

16	FIRST NAME	MIDDLE INITIAL	LAST NAME
17	STREET		CITY ZIP CODE
18	TELEPHONE NUMBERS		19 RELATIONSHIP WITH YOUNG PERSON
20	DAYTIME PHONE		21 GENDER
22	EVENING PHONE		23 EMAIL ADDRESS
24	MOBILE NUMBER		

SECTION E – SAFETY

Safety

We will seek to nurture and care for young persons in a safe environment and protect them from potential harm.

Strategies, policies and procedures are in place to ensure physical, psychological, sexual and spiritual safety of young people within our care. Youth coordinators/volunteer leaders are aware of these strategies, policies and procedures, have been the subjects of criminal background checks and have received Safe Environment Training mandated by the Archdiocese of New York.

SECTION E – PARENTAL CONSENT

Medical Consent

If my child is in need, I grant permission to the youth coordinators/volunteer leaders who have a current first aid certificate to provide first aid.

In the event of an emergency, I also give my permission for my child to be diagnosed and/or treated and medicated in accordance with standard medical practice by licensed medical personnel. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

I hereby release the CHURCH OF SAINT PIUS X, the Archdiocese of New York, and all of their agents, representatives and volunteers from any and all liability in case of accident or injury incurred in connection with any youth ministry activity/outreach.

Photo Media Release / Social Media

I grant permission for photographs/video to be taken during youth group activities to be used for church publicity purposes.

Driving

I will provide transportation for my child for any youth ministry activity in which my child participates.

25 SIGNATURE

26 DATE