

# SJV YOUTH REGISTRATION

Family Name: \_\_\_\_\_ SCHOOL YEAR: 2022-2023

Mom: \_\_\_\_\_ Catholic? \_\_\_\_\_ Dad: \_\_\_\_\_ Catholic? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_ Mom cell phone: \_\_\_\_\_ Dad cell phone: \_\_\_\_\_  
(per Safe Environment a parent email must be provided if a youth email is given)

Parish in which registered: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YOUTH e-mail address: \_\_\_\_\_

By providing this(these) email address(es) I give the SJV permission to email my child(ren)

Youth's first name (Include last name if different) (Include preferred name if applicable)	DOB	SCHOOL	GRADE	Baptism Y/N	Eucharist Y/N	Reconciliation Y/N	Confirmation Y/N	Adult t- shirt size	ALLERGY/ SPECIAL NEEDS
1.									
2.									
3.									

See our website, [sjvkirkland.org](http://sjvkirkland.org), click Sacrament or Ministries depending on interest. Schedules & important information is a click away.

Youth Program interested	Supply fee / Cost	Description and details	'X' all interests
Confirmation Preparation	\$150	The sacrament preparation includes youth group & trek (if signing up)	
Esperanza Mission Trek	See website for details	\$100 down payment includes youth group; total cost dependent on fundraisers	
YMP	Summer program cost TBD	No charge for Saturday day trips; summer program sign-ups begin March 2023	
HP Retreat	Part of YG supply fee	Our kickoff event for Youth Group on the last weekend of September at SJV	
Youth Group	\$100 / youth or \$200 max for additional siblings	High School 9 <sup>th</sup> -12 <sup>th</sup> grade & Middle School 6-8 <sup>th</sup> grade: Sundays 5:00-6:30pm Includes Archdiocesan and Deanery events, HP Retreat and all sessions	

Family Name: \_\_\_\_\_

**Parent/Guardian Consent Form and Liability Waiver:**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the previously named minor participant(s).

I agree on behalf of myself, my child(ren) named herein, or our heirs, successors and assigns, to hold harmless and defend St. John Mary Vianney Catholic Church, Kirkland, WA, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child(ren) attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Matters:**

I hereby warrant that to the best of my knowledge, my child(ren) is(are) in good health, and I assume all responsibility for the health of my child(ren).

**Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** (The organization will take reasonable care to see that the following information will be held in confidence):

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations- date of last tetanus/diphtheria immunization: \_\_\_\_\_

COVID-19 vaccination? Brand: \_\_\_\_\_ date(s) administered: \_\_\_\_\_

Does child(ren) have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child(ren) subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, COVID-19, etc..? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child:

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Family Name: \_\_\_\_\_

**Photograph and Video Consent:** From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster, and they will promptly be removed. I, the parent/guardian of this(these) youth(s) \_\_\_\_\_ (name) authorize and give full consent, without limitation or reservation, to St. John Mary Vianney Catholic Church, Kirkland, WA to publish any photograph or video in which the above named student(s) appears while participating in any program associated with St. John Vianney Catholic Church, Kirkland. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Online Video Conferencing Consent:** The Youth and Outreach Ministry programming for our parish will utilize an online video/audio platform as part of our ministry. We will be using Zoom video conferencing services and ensuring we meet all safety criteria by monitoring all sessions and having two Safe Environment Certified Adults present during all session / online interactions between youth and parish staff and volunteers.

To have your child participate, please review the Youth Code of Conduct for online program participation and sign the permission form.

**Code of Conduct for Youth Participants (Online Programming)**

In order to assure the safe and successful participation of youth and adults participating in parish online programming in the Archdiocese of Seattle, the following code of conduct is to be followed. Violation of these norms may result in dismissal/denied access for future online sessions. All participants are expected to:

1. Follow Youth Minister or Adult Leader instructions at all times;
2. Dress appropriately;
3. All participants must login under their real name. Anybody logging in under an assumed name will be dismissed and denied further access.
4. Refrain from behavior or using language that is inappropriate. This includes but is not limited to:
  - a. bad language;
  - b. presentation of inappropriate images or music;
  - c. visible use or possession of alcohol, illegal drugs, or weapons;
  - d. disruptive actions that are tantamount to bullying, harassment, or verbal abuse.

Office use only: Check # _____ Amount: _____ Date Received: _____
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I, the parent/guardian of \_\_\_\_\_, grant permission for my child/ren to participate in the St. John Mary Vianney Catholic Church, Kirkland, WA online youth ministry programming under the direction and guidance of the youth minister/program volunteers.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date