



2018-2019 REGISTRATION FORM
GRADES 6-8

YOUTH INFORMATION

Youth Name _____ Female Male
(First) (MI) (Last)

Date of Birth ___/___/___ Age ___ Grade ___ School _____

Street _____ City _____ State ___ Zip _____

SACRAMENTAL INFORMATION: *If yes, please list parish name, city and state.*

Baptism Yes No _____

First Reconciliation Yes No _____

First Holy Communion Yes No _____

Confirmation Yes No _____

FAMILY INFORMATION

Father's Name _____ Religion _____

Phone _____ Email _____

Mother's Name _____ Religion _____

Phone _____ Email _____

Marital Status: Single Married Divorced Widowed

Youth lives with: Both Father Mother Guardian

Primary language spoken at home : English Spanish Other: _____

We are registered parishioners of St. Dominic. Yes No

We regularly celebrate Mass at 5 pm Vigil 7:30 am 10 am 12:30 pm 5pm

We have other children in: YD/CGS Edge Lifeteen RCIA/Sacramental Prep.

Parent/Guardian Signature: _____ Date _____

Printed Name: _____

DONATIONS ACCEPTED

We invite you to prayerfully consider making a donation to support our mission of helping our middle school youth encounter Christ, form missionary disciples, and evangelize others.

Please accept my donation of: \$10 \$20 \$30 \$40 \$50 Other \$_____

Checks made payable to: St. Dominic Catholic Church; Memo line: Edge

FOR OFFICE USE ONLY: Amount Received \$ _____ Cash Check # _____

ANNUAL MEDICAL INFORMATION FORM

Child's Name _____
Address _____ City, State _____ Zip _____
Sex _____ Date of Birth _____ Age _____ Grade _____
School _____
Doctor's Name _____ Phone Number _____

Father/Guardian's full name: _____
Home Phone : _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Mother/Guardian's full name: _____
Home Phone: _____ Cell Phone _____
Home address: _____
Place of business/address: _____ Phone : _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

MEDICATIONS: (EITHER A PHYSICIAN'S PRESCRIPTION OR A PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.) My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug Allergies: _____

Other Allergies (food, plants, insects, etc.): _____

Other known diseases, disorders, or disabilities: _____

If you would like your youth to participate in parish activities, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

In consideration for the opportunity for my child to participate in parish activities, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and Saint Dominic Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, Saint Dominic Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and Saint Dominic Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and Saint Dominic Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital.

Media Release

____ I/we hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Catholic Compass, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

____ I/we do not give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including, but not limited to The Catholic Compass, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date

This form is to be kept at the parish and renewed annually



DIOCESE OF PENSACOLA-TALLAHASSEE

PERMISSION FOR USE OF INFORMATION OR GRAPHIC IMAGE IN MEDIA
(FOR MINORS)

I, _____, the parent/legal guardian of the minor
(print name)

child(ren) _____
(print name(s))

hereby give permission for the Diocese of Pensacola-Tallahassee and any of its affiliated organizations, including but not limited to the Catholic Compass, to use my child's/ (children's) name(s) and/or photograph(s) for promotional, news or public relations purposes in print and/or electronic media.

Date _____
(Month/Day/Year)

Signed _____
(Signature)

All photo usage is subject to the policies of the Diocese of Pensacola-Tallahassee as published at www.ptdiocese.org. The photos of minors are not published along with their names in any electronic media.



Diocese of Pensacola-Tallahassee

Parent or Guardian Permission for Direct Contact with Minors

This form allows you to identify who may communicate with your minor children and by what means. Parents and guardians may choose to be included in all written or text-based communications except those that occur on an official social networking site or online community administered and maintained by the ministry, parish, or school pursuant to the terms of diocesan policy and approved by parents or guardians on this form.

Diocesan Ministry, Organization, Parish or School

(This section must be completed by diocesan ministry, organization, parish or school.)

Ministry / Parish / School / Organization communicates via:

Cellular number Flocknote messaging system (texting/email)
E-mail address edge@saintdominicpc.com
Social networking site(s) Facebook, Instagram and Twitter

Parent or Guardian Complete this section:

Name (parent/guardian) _____
Of minor Child _____

- You MAY NOT contact my child directly. (Sign and return).
- You MAY contact my child directly. (Sign, complete all sections and return).

Contact with my child is permissible via the following methods:

Phone call / voice message to this telephone number _____

SMS / text message to this telephone number _____

Social networking site sponsored by group named _____

E-mail at this address _____

Parent/Guardian Signature _____ Date _____