

St. Leo the Great YOUTH MINISTRY
Group Coordinator: Tina Johnson

For Adult Volunteers 21 and older
Child Protection Clearance Required

Event Name: Youth Ministry Events & Functions

Event Dates: August 2022-June 2023

REGISTRATION FORM

TO BE COMPLETED BY ADULT VOLUNTEER

Name: _____ Birth date: ___/___/___ Age: _____
Last First Middle Initial

Address: _____
Street City State Zip

E-Mail: _____ Cell Phone: (____) ____ - _____

Name to be used on name tag: _____ T-Shirt Size _____

Gender:
 Female
 Male

Allergic Reactions / Dietary Restrictions: (medications, food, insects, etc)

Current Prescription Medications: (name, dosage, frequency) _____

Special medical conditions: ___No ___Yes (Please describe)

Access Needs: (Please check appropriate boxes and/or explain special needs or concerns.)

- Wheelchair access
- Mobility impaired
- Other _____
- Hearing impaired
- Visually impaired

Primary Emergency Contact: _____ Relation: _____
Last First

Address: _____
Street City State Zip

Phone: (____) ____ - _____ (____) ____ - _____ (____) ____ - _____
Home Cell Work

E-mail: _____

Secondary Emergency Contact: _____ Relation: _____
Last First

Address: _____
Street City State Zip

Phone: (____) ____ - _____ (____) ____ - _____ (____) ____ - _____
Home Cell Work

**St Leo the Great Youth Ministry
CONSENT FORM & MEDICAL FORM**

Are there any medications that should NOT be administered to this adult volunteer? (allergies, interactions etc.)

Primary Care Physician: _____ **Phone:** (_____) _____ - _____

Primary Insurance Company: _____ **Policy #** _____

Group # _____

I understand and have been informed that taking part in this youth event involves the risk of injury, and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident for all participants.

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted, to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold the Diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

I am hereby advised that photographs or video of participants may be taken during this youth event and used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) I understand that if I do not wish to have photographs or video used for such publications that I must provide written notification to the St. Leo the Great Youth Ministry Coordinator. I understand that the Coordinator has no control over the use of photographs or video taken by media that may be covering the event.

By signing below, I hereby acknowledge that the above information is true and accurate.

Participant Signature

_____/_____/_____
Date