

Saint John the Evangelist Catholic Church

Office of Youth Ministry
625 111th Avenue North
Naples, FL 34108

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Youth Ministry Registration Packet 2011-2012

1. Our Youth Ministry Programs are open to all 6th – 12th grade students. If you would like to become a member of our parish, please complete a Parish Registration Form included in this packet. Parish Registration Forms can be completed and submitted along with the entire *Youth Ministry Registration Packet*, or completed at the Parish Office. If you are already a registered member of our parish, there is no need for you to fill out that form again.
2. Please complete a separate *Youth Ministry Registration Packet* for each of your children. Along with each youth's **Youth Ministry Registration Form**, please read and sign the **Code of Christian Conduct Form**, complete the **Authorization for Release and Use of Student Image in Photo, Videotape or Other Media Form**, and complete and notarize the **Youth Ministry Program Consent, Release of Liability and Indemnification Form** and the **Parish Youth Ministry Program Medical Authorization For Minor Form** (include allergies, diet needs, special medication, physical impairments, blood type, health conditions or any other information necessary in an emergency situation). Your child will not be able to participate in any Youth Ministry Programs till their forms are complete.
3. **Please return your completed *Youth Ministry Registration Packet* by deadline is August 28, 2011.** Mail or drop off your completed *Youth Ministry Registration Packet* to the Office of Youth Ministry located in the Claussen Family Center on Sunday – Thursday between 10:00am – 6:00pm. ****Turning in your *Youth Ministry Registration Packets* after August 28, 2011 could cause your youth to be ineligible for various Youth Ministry Events and Programs.****

REGISTRATION FEE: \$20.00 per youth. Please make all checks payable to *Saint John the Evangelist Catholic Church* and include each individual youth's name on the memo line.

MIDDLE SCHOOL YOUTH GROUP: Meetings resume Sunday, September 18, 2011.

Grades 6-8 Sundays: 6:30pm – 8:30pm

HIGH SCHOOL YOUTH GROUP: Meetings resume Sunday, September 18, 2011.

Grades 9-12 Sundays: 6:30pm – 8:30pm

Youth Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cellular Phone: () _____

Work Phone: () _____ Cell Phone Carrier
(needed for text
messaging) _____

Youth's E-mail
Address: _____

School Name: _____

School
Grade: _____ Birth Date (MM/DD/YYYY): _____

Gender: Male Female

Parent/Guardian Information

Father's
Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cellular Phone: () _____

Work Phone: () _____

E-mail Address: _____

Mother's
Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cellular Phone: () _____

Work Phone: () _____

E-mail Address: _____

Code of Christian Conduct

Jesus was a teacher; the disciples were his students. Jesus taught the disciples that each of them was a reflection of God, the Father, even when they disagreed with one another. So, the disciples not only learned from Jesus, but learned from one another as well.

Therefore, in the class as well as at home, I will be respectful of adults and other young people with whom I interact.

Jesus never told a parable or a story to the crowds without praying for long hours first. It was important for the Son of God to prepare for each day and each activity so he would be sure to say and do the right thing.

Therefore, I will prepare for Faith Formation by reading the assignment and completing the homework before coming to class.

Jesus never told people to do something that he himself was not willing to do. He lived the kind of life that made his Father, who was God, proud of him.

Therefore, I will be an example in the classroom and at home to those who would want to know what Jesus would do in any particular situation.

Jesus told people things that often made them uncomfortable, even though these things were the truth. For example, he said that if the things you owned were more important than the people around you, you could not enter heaven.

Therefore, I will tell my friends the truth when they do things that Jesus would not have done, especially if they try and get me to do something that is wrong. I am a child of God, who is destined for heaven.

Jesus taught us that sacrifice is a part of Christian living. Jesus made the greatest sacrifice of all when he gave his life for us.

Therefore, I will go gladly to Church even when I want to stay home; I will take care of the responsibilities I have around the house or in the classroom willingly; I will share the things I treasure most with others who are less fortunate.

Jesus is the Way, the Life, and the Truth. He guides me in everything I do or say. As I become closer to Jesus, it will be easier to think and say and do things exactly the way Jesus would want me to. However, it requires prayer and praise, worship and quiet time with God in order to become closer to Jesus.

Therefore, I will learn all that my teacher and the other students in Faith Formation have to teach me about Jesus, so that I can become closer to God in His Kingdom here on earth and later in heaven.

Student's Signature

Print Student's Name

Date

Diocese of Venice
1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

**AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE
IN PHOTO, VIDEOTAPE OR OTHER MEDIA**

I, the undersigned parent/legal guardian of _____, a
minor/student in Grade _____, hereby grant to _____ (School/Parish) the
following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video tape, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate my minor's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of minor; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the videotape, still photos, or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of minor's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

Parent/Guardian's Signature

Date

Address

Phone

**Please return this form to
the school or parish office.**

**YOUTH MINISTRY PROGRAM
CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION**

NAME OF PARTICIPANT _____ DOB: _____

ADDRESS _____ PHONE _____

PARISH NAME _____ YM: _____ PHONE _____

For minors: While the parish may provide transportation by bus or van, please initial all other acceptable transportation:
_____ drive his/her own vehicle/family car _____ only ride with an adult 21 years of age or older

I, the undersigned adult participant or parent/legal guardian of the above named minor participant, for myself and any named minor, our heirs, personal representatives, assigns and next of kin, request permission to participate in the various field trips and other on and off site activities of the above parish youth ministry program throughout the year. I understand that I will receive notice of scheduled events and my signature consenting to my or my minor's participation shall also indicate the incorporation of the terms of this Consent, Release of Liability and Indemnification Agreement as to each such event. In consideration for the agreement by the parish to permit my/minor's participation, and intending to be legally bound, I do hereby:

1. Release, discharge and covenant not to sue the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish; and their employees, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury to the person or property of the above named participant in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional conduct;

2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to the above named participant's participation in activities and field trips in which proper consent has been procured, whether such loss, liability, damage or cost is caused in whole or part by the negligence of Releasees or otherwise.

I do further agree that parish officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded.

I understand that throughout the year I/my minor may be informed of youth related activities apart from those which are parish sponsored. If I do not receive notice of the event from the parish and my permission is not sought for my/minor's participation, I am responsible for myself or the supervision of my minor at such event, although agents, employees and volunteers of the parish youth ministry program may also plan to be present at such events.

Adult Participant or Parent/Guardian Signature _____ Date: _____

For minor, second Parent/Guardian Signature _____ Date: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ (personally known OR produced id _____) and _____ (personally known OR produced id _____) as the above named adult participant or parents or guardians of the above named minor participant.

SEAL

Notary Public

**PARISH YOUTH MINISTRY PROGRAM
MEDICAL AUTHORIZATION FOR MINOR
(NOT REQUIRED FOR ADULT PARTICIPANTS)**

PARISH: _____ PHONE: _____

NAME OF MINOR: _____ D.O.B. _____

HOME ADDRESS: _____

PARENT/GUARDIANS: _____ / _____

PHONE #s: WORK _____ / _____ HOME: _____ CELL _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet needs, special medication, physical impairments, blood type, health conditions or any other information necessary in an emergency situation. Explain fully:

Minor's Primary Care Physician: _____ Phone: _____

Address: _____

In case of illness or injury of the above minor, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency when these parties cannot be reached/are not available, I (we) authorize the parish and other diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a physician licensed in the State in which treatment is sought. This authorization is valid for a period of 1 year from the date of execution. I (We) agree to assume financial responsibility for any medical treatment provided to the above minor and a copy of any applicable health insurance card is attached.

Please wait to sign before a notary public:

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

A photocopy of this form shall be valid as the original for those acting in reliance upon this Authorization.

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____ and _____ who, being duly sworn, did represent under oath that he/she/they are the parent(s) and/or legal guardian(s) of the above named minor and he/she/they did sign this Medical Authorization and Parent/Guardian Consent, Release of Liability and Indemnification this _____ day of _____, _____.

Personally known to me _____ or _____

Produced _____ and _____ as identification.

Notary Public

My Commission Expires:

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Rev.
11/00