



SAINT DOMINIC'S CATHOLIC CHURCH
2009-2010 REGISTRATION FORM
YOUTH MINISTRY, GRADES 9-12

WELCOME!

Thank you for your interest in *Youth Ministry* at St. Dominic's Church! *Youth Ministry at St. Dominic's is guided by our mission to be a welcoming church for our diverse city: a center of faith, friendship, and spiritual growth. We are building a community of youth leaders who gather to engage in prayer, recreation, service, fellowship, and Catholic formation.*

INFORMATION

We intend to meet once or twice a month. Activities may include: movie nights, Bible studies, Catholic trivia, overnight "lock-in" retreats, board and video-game nights, community service trips, youth rallies, praise and worship nights,, Eucharistic adoration, beach trips, hikes in nature, guest speakers, and teen Masses, etc. Off-site events will require permission slips and may require a fee.

Students need not be confirmed to participate in high school youth group. Confirmation class and sacramental preparation inquiries should be directed to Michael Smith at dre@stdominics.org or (415) 674-0446.

Youth Ministers

Michael Smith, dre@stdominics.org, (415) 674-0446

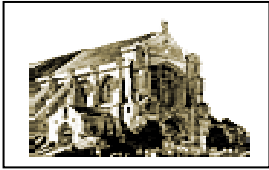
Edward Lorica

Daniel Aaron

***Please complete, sign, and return the attached form to Michael Smith before you attend the next youth group meeting.**

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Please separate this page from the attached registration form.
Keep this page for your records and return the registration form to St. Dominic's.



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STUDENT

First name: _____ Last name: _____
Home address: _____
Home phone: _____ Cell phone: _____
Email: _____ Gender (circle one): male female
Facebook and/or MySpace address: _____
Date of birth: _____ Language(s) spoken _____
School: _____ City: _____
Grade in 2009-10: _____

FAMILY (PARENTS/GUARDIANS)

First name: _____ Last name: _____
Home address: _____
Mailing address: _____
Home phone: _____ Cell phone: _____
Work phone: _____ Email: _____
Marital status: _____ Relationship to student: _____
Religion: _____ Language(s) spoken: _____

First name: _____ Last name: _____
Home address: _____
Mailing address: _____
Home phone: _____ Cell phone: _____
Work phone: _____ Email: _____
Marital status: _____ Relationship to student: _____
Religion: _____ Language(s) spoken: _____

Information and materials for parents/guardians should be in: (circle one) English Spanish
Would you like to help with special youth ministry events? Yes No

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ADDITIONAL INFORMATION (WILL BE KEPT CONFIDENTIAL)

Does your child have any special needs?

Is there any special situation or concern you would like to share with us? (Use an additional page if necessary.)

MEDICAL INFORMATION

Physician: _____ Phone: _____

Insurance: _____ Policy number: _____

Emergency contact to be notified if the parent(s) or guardian(s) cannot be reached:

Name: _____ Phone: _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? (Circle one) Yes No

Ongoing medication? (type and frequency) _____

Allergies to food or medication? _____

Physical or other restriction on the basis of medical condition? _____

PARENTAL PERMISSION/RELEASE AND WAIVER OF LIABILITY

1. I/we, parent or authorized guardian of the child named above, give permission for his/her participation in **youth ministry** at St. Dominic's Church, and all related activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from St. Joseph Parish staff and adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in youth ministry, whether or not caused by the negligence of program staff or volunteers or other participants.
4. I/we understand that children participating in youth ministry may risk injury to the body or psyche or property damage to themselves and others. Such injuries can be caused by other persons, faulty equipment or facilities, or the activity itself, or be accidentally or intentionally self-inflicted.

In consideration for being permitted to participate in youth ministry at St. Dominic Parish, use the equipment provided, and enter the premises or facilities of the Archdiocese of San Francisco for any purpose including observation and participation in activities, the parent or guardian for him/herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Archdiocese of San Francisco, its affiliated entities, and its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in youth ministry or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Archdiocese, its facilities or equipment, or while participating in any youth ministry activities, whether caused by the negligence of the Releasees or otherwise.
3. That the parent or guardian has read this agreement, voluntarily signs the agreement and that no oral representations, statements or inducements apart from the contents of this written agreement have been made.

I have read this agreement and understand everything written above.

Parent/guardian signature: _____ Date: _____

2390 Bush St. , San Francisco, CA 94115

(415) 567-7824

www.stdominics.org