

**St. Catharine
Family Faith Formation and Youth Ministry
Registration Form**



Student (Participant) Information

First Name _____ Last Name _____

Date of Birth ___ / ___ / _____ Gender M F

Current school _____ Grade 2022-2023 _____

Address _____

City _____ State _____ Zip code _____

Parent phone# _____

Is this a Sacrament year (circle one)? YES NO (which one) _____

Registered at St. Catharine (circle one)? YES NO

Birth Parent Information

Father's First Name _____ Last _____

Address _____

City _____ State _____ Zip code _____

phone# _____ Religion _____

Mother's First Name _____ Last _____

Address _____

City _____ State _____ Zip code _____

phone# _____ Religion _____

Guardian Information

First Name _____ Last _____

Address _____

City _____ State _____ Zip code _____

phone# _____ Registered at St. Catharine? YES NO

Please complete both sides of this form and the Permission/Release Form. Fee information is found on the back of the Permission/Release Form.

Sacraments Already Received:

Sacraments Received	Yes	No	Date	Parish	City/State
Baptism					
First Communion					
Reconciliation					
Confirmation					

Special Medical / Educational Needs:

	ADD / ADHD		Speech or language impairment
	Autism		Child needs individual aid in class.
	Behavioral / Emotional Disturbance		Developmental disabilities
	Hearing Impairment (including deafness)		Learning disabilities
	Visual Impairment (including blindness)		Reading difficulties
	Physical limitations (explain below)		Traumatic brain injury

Additional information regarding the above: _____

Other health concerns, chronic conditions (Diabetes, Epilepsy, etc): _____

allergies (list): _____

Medications taken regularly: _____

EMERGENCY MEDICAL CONTACT AND TREATMENT

Parent/Guardian _____ Phone: _____

Medical Insurance _____ Policy # _____

Phone# _____ Member's Name _____

Doctor _____

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Emergency Contact Name & relationship: _____

Phone: _____

Parent/Guardian signature: _____ Date: _____

Please also complete the permission/release agreement and pay fees on the next page.

PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in Faith Formation and youth ministry activities.

I. RELEASE AND INDEMNIFICATION

- **Release.** The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in Faith Formation and youth ministry activities.
- **Indemnification.** The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation, unless arising from the negligence of an indemnified party.

II. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consents to the release of photographs and other personally identifiable information to be used by St. Catharine for future promotional programs (in the bulletin, on our website, on social media, etc.):

Parent/Guardian Signature _____

___ Please initial here if you DO NOT consent to the release of personally identifiable information.

III. CODE OF BEHAVIOR FOR FAMILY OF FAITH AND YOUTH MINISTRY ACTIVITIES:

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire activity. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.

- 5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
- 6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from an activity, and the undersigned shall immediately comply with the request.

IV. Mass Participation

I agree to take my child to weekly Mass at our parish.

IV. SIGNATURES

THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT

Participant's Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Legal Guardian Signature _____ Date _____

Pay Family of Faith fees by check (send it into the parish office or drop in the collection basket) or pay online with this QR code >>



- Family of Faith for one child + parents: \$125
(Volunteers - \$100)
- Each additional child: \$75
- Confirmation preparation: \$75
- First Reconciliation and First Communion preparation: \$75

Yes! I'd like to help with Family of Faith!

Volunteers are needed for Family of Faith and Sacrament Prep: Set up, clean up, classroom assistants, table leaders, nursery co-op, First Communion coordinations and preparations, Confirmation coordination and preparations, etc. If you are willing to help with Family of Faith or Sacrament preparations, please share your contact information and pay the volunteer rate!

Name: _____

Phone: _____

Email: _____

Thank you so much! We will contact you to let you know how you can help.