ST. BARNABAS
YOUTH MINISTRY
1130 Marshall Place, Long Beach, CA 90807
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Acts 29
THE NEXT CHAPTER
13-18 years of age

CHILD'S NAME: _____

☐ YOUTH ☐ CONFIRMATION 1 ☐ CONFIRMATION 2

☐ ALREADY CONFIRMED

CHILD'S AGE: _____ CHILD'S BIRTHDAY (mm/dd/yyyy): _____/_____/_____ ☐ MALE ☐ FEMALE

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PARISH: _____ CITY: _____

E-MAIL: _____

PARENTS' NAMES: _____ PHONE NUMBER: (_____)_____

_____ PHONE NUMBER: (_____)_____

HEALTH INSURANCE COMPANY: _____ POLICY NO: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY IF PARENT OR GUARDIAN IS UNAVAILABLE:

NAME: _____ PHONE NUMBER: (_____)_____

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITIES NAMED ABOVE.

I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL OR ARCHDIOCESAN PERSONNEL RESPONSIBLE FOR YOUTH ACTIVITIES.

I AGREE THAT IN THE EVENT MY CHILD IS INJURED AS A RESULT OF HIS/HER PARTICIPATION IN THE ABOVE NAMED YOUTH ACTIVITIES, INCLUDING TRANSPORTATION AND FROM THESE ACTIVITIES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH/SCHOOL OR ARCHDIOCESAN YOUTH ACTIVITIES PROGRAM, OR ANY OF ITS AGENTS OR EMPLOYEES, RECOURSE FOR THE PAYMENT OF ANY RESULTING HOSPITAL, MEDICAL OR RELATED COSTS AND EXPENSES WILL FIRST BE HAD AGAINST ANY ACCIDENT, HOSPITAL OR MEDICAL INSURANCE OR ANY AVAILABLE BENEFIT PLAN OF MINE OR OF MY SPOUSE.

I AM NOT AWARE OF ANY MEDICAL CONDITION OF MY CHILD THAT RENDERS IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE YOUTH ACTIVITIES SUPERVISORY PERSONNEL THEN PRESENT TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____