



INVITE.  
FORM.  
SHARE.

# ST. BARBARA PARISH YOUTH MINISTRY 2019-20 SCHOOL YEAR REGISTRATION FORM

**Return to:** St. Barbara Parish ♦ 111 Raymaley Road ♦ Harrison City, PA 15636 ♦ c/o Youth Director  
Phone: 724-744-7474 ♦ E-mail: eesasky@dioceseofgreensburg.org ♦ **Return By: 8/31/19**

PLEASE PRINT LEGIBLY

YOUTH NAME		GRADE
YOUTH NAME		GRADE
YOUTH NAME		GRADE
YOUTH NAME		GRADE
YOUTH NAME		GRADE
ADDRESS		CITY
ZIP CODE	PHONE	
EMAIL ADDRESS		
SCHOOL ATTENDING		

**Join Our Text Remind Group: <http://www.remind.com/join/stbarbym>**

If you would like your child to participate in any on or off campus Youth Ministry Events during the 2019-20 school year, please complete and sign the following statement of consent and release of liability. As the parent or legal guardian, I realize I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named youth(s).

I hereby consent to participation by my child/children,

in the St. Barbara Parish Youth Ministry 2019-20 school year. I understand that some events will take place on campus, while others will take place away from the church grounds and that my child and/or children will be under the supervision of the youth director and guidance of adult volunteer chaperones with clearances. I further consent to the conditions stated above on participation in these events, including the method of transportation. I have insurance and feel that my accident insurance and hospitalization is adequate to meet all medical expenses. I understand that under no circumstances is St. Barbara Church, the Diocese of Greensburg, the youth director, or any of the adult chaperones responsible or liable for any injuries sustained by the above youth listed, due to participation in activities, or for any bills or expenses incurred as a result of any such injuries, and specifically indemnify and hold harmless St. Barbara Church, the Diocese of Greensburg, youth director and adult chaperones from such claims for any such injuries.

\_\_\_\_\_  
Parent Signature (REQUIRED)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

▶ **SEE BACK SIDE FOR MEDICAL INFORMATION | PLEASE COMPLETE**



INVITE.  
FORM.  
SHARE.

# ST. BARBARA PARISH YOUTH MINISTRY

## 2019-20 SCHOOL YEAR REGISTRATION FORM

Medical Information is required by the Diocese of Greensburg for any youth participating in off campus events. The following medical information listed below will be used and kept on file by the youth director from August 31, 2019 to June 1, 2020, in the event your child participates with the ministry in an off campus event, or emergency medical attention is necessary.

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Youth Name (s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_

Identification # \_\_\_\_\_ Group/Policy # \_\_\_\_\_

Allergies (Food and Environmental)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for my child or children to be treated in case of an emergency:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY CONTACT (IF PARENTS CANNOT BE REACHED)

Name \_\_\_\_\_ Relationship to Child/Children \_\_\_\_\_

Phone \_\_\_\_\_