



Youth Ministry Registration Form

2011 -2012

Please check below:

Our family is **new to Corpus Christi Youth Ministry**. This will be the first time we have a pre-teen/teen participating in JAMS or HAVEN

All of the pre-teens/teens that we are registering today have previously participated in either JAMS or HAVEN and **we are updating our information on these forms**

We have been participants in Corpus Christi Youth Ministries, but we are **enrolling new pre-teens/teens**

Family Information

Is your family registered at Corpus Christi? _____ **Yes** _____ **No**

(A) Parent / Guardian Information:

Name: First _____ Last _____

Address: _____ City _____ Zip _____

Home phone: _____ Cell Phone: _____

Email: _____

(B) Parent / Guardian Information:

Name: First _____ Last _____

Address: _____ City _____ Zip _____

Home phone: _____ Cell Phone: _____

Email: _____

Youth #1 Information

Name: _____ Prefers to be called: _____

Date of Birth: _____ Gender: _____ School: _____

Grade in fall of 2011: _____ Email Address: _____

Cell Phone: _____ Cell phone provider _____

Can you receive meeting reminders by text message? Yes _____ No _____

Sacraments Received (none required for participation):

Baptism: Year _____ Eucharist: Year _____ Confirmation: Year _____

List any special needs or medical information:

Youth #2 Information

Name: _____ Prefers to be called: _____

Date of Birth: _____ Gender: _____ School: _____

Grade in fall of 2011: _____ Email Address: _____

Cell Phone: _____ Cell phone provider _____

Can you receive meeting reminders by text message? Yes _____ No _____

Sacraments Received (none required for participation):

Baptism: Year _____ Eucharist: Year _____ Confirmation: Year _____

List any special needs or medical information:

Youth #3 Information

Name: _____ Prefers to be called: _____

Date of Birth: _____ Gender: _____ School: _____

Grade in fall of 2011: _____ Email Address: _____

Cell Phone: _____ Cell phone provider _____

Can you receive meeting reminders by text message? Yes ____ No ____

Sacraments Received (none required for participation):

Baptism: Year _____ Eucharist: Year _____ Confirmation: Year _____

List any special needs or medical information:

Annual Registration Fees:

Registered Parishioners:

\$80.00 first youth \$65.00 each additional youth

Not registered at Corpus Christi: \$150.00 each youth

Total number of youth _____ Total registration fees due: \$ _____

We would like to make an additional donation to Youth Ministry \$ _____

We would like to provide a scholarship for another participant \$ _____

Make checks payable to *Corpus Christi* with *Youth Ministry* in the memo line. Credit card forms available upon request.

Total \$ _____

No one will be refused because of lack of ability to pay. Please inquire about a scholarship if your family is experiencing financial hardship.

****Note all families are also requested to serve on a dinner team to purchase, prepare, serve, and clean-up the dinner for one evening's meeting**

*****Special activities such as camps, retreats, off-site recreation, etc. require additional fees and permission forms for those who wish to participate.**

DIOCESE OF ORANGE

SPORTS AND YOUTH ACTIVITY PERMISSION FORM

CHILD OR CHILDREN'S NAME(s): _____

YOUTH ACTIVITY: Youth Ministry Meetings, 2011 - 2012

PARISH: Corpus Christi Catholic-Christian Community

ADDRESS: 27231 Aliso Viejo Parkway, Aliso Viejo, CA 92656

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

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 with directions and instructions of parish, school or diocesan 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 to and from these activities, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine and/or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician or dentist selected by the youth activities supervisory personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician or dentist.

I, hereby, authorize the making of photographs, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

DATE: _____

ADULT LEADER: Linda Palomino

ADULT LEADER: Caryn Broesamle

PARENT/GUARDIAN: _____

SIGNATURE