Saint Jerome Catholic Church
Junior Youth Group Permission Form

PERSONAL INFORMATION

YOUTH'S NAME ____

BIRTH DATE ____________ GENDER ________ GRADE FOR 2014-2015 ________

SCHOOL ____

YOUTH'S E-MAIL ADDRESS ____

Parent's Names ____ Parishioner of St. Jerome? ☐YES ☐NO

Mailing Address _______________________________________City, State, ZIP ___________________

Parent E-mail Address __________________________ Home Phone Number ______________________

Father's Work/Cell Phone ______________________ Mother's Work/Cell Phone ____________________

Emergency Contact ____ Phone ___________________________

Registration for Junior Youth Group is FREE; however, fees may be charged for certain events to cover the cost of food and activities. Financial scholarships are available for any youth who is unable to pay event fees. <u>No youth is ever turned away for lack of funds</u>.

MEDICAL INFORMATION/PERMISSIONS

My child has the following medical condition, emotional or developmental problem, allergy, or disability ______________

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I/we ☐ DO ☐ DO NOT give permission for over-the-counter medications to be given to my child if needed.

I/we grant permission for my child to be photographed and/or videotaped during activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the *EDGE* and/or youth programs at Saint Jerome Catholic Church.

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold Saint Jerome Catholic Church, the Austin Diocese, any volunteer, chaperone, or driver responsible. *I/we* authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of Texas or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

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Parent / Guardian Signature Date