

# YOUTH MINISTRY REGISTRATION FORM

For Elementary/Middle/High School Students

Youth Ministry Office - 900 H Street - 661-327-4734

*Information is held in confidence and is not shared without permission*

## 3rd - 12th Grade Registration

**Registration  
Fee \$75.00**

PARISH OFFICE USE ONLY	
1st Year Confirmation	<input type="checkbox"/>
2nd Year Confirmation	<input type="checkbox"/>
3rd - 5th Grade Ignite	<input type="checkbox"/>
6th - 8th Grade Inspire	<input type="checkbox"/>
HS Illuminate	<input type="checkbox"/>
Quinceanera	<input type="checkbox"/>

### Personal Information:

Student's Name: \_\_\_\_\_  
*First Middle Name Last Name*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Male/ Female: \_\_\_\_\_

Student's email: \_\_\_\_\_ Student cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
*First Middle Name Last Name*

Mother's Name: \_\_\_\_\_  
*First Middle Name Maiden (last name BEFORE Marriage)*

Legal Guardian of the Student is: (please circle) Both Parents Father Mother Other: \_\_\_\_\_

What grade will the student be in September? \_\_\_\_\_ Name of School: \_\_\_\_\_

### Sacrament Information:

Has the student been Baptized? (circle) Yes No Baptized at Saint Francis? (circle) Yes No

Has the student made 1st Communion? (circle) Yes No 1st Communion at St. Francis? (circle) Yes No

Due to COVID-19, we will be offering online only class for **Confirmation**, to ensure you and your student are more comfortable. **If you feel this applies, please circle: Yes No**

### Contact Information:

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
*City State Zip Code*

Mother's Phone Number: \_\_\_\_\_ Father's Phone Number: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Emergency Contact: Name/Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*(If we cannot reach you)*

**IMPORTANT:** If enrolling in Confirmation, you must attach a **COPY** of your Student's Baptism and First Communion Certificates, **even if** received at St. Francis. They **WILL NOT** be placed in a class without copies.  
**If you are not a registered parishioner, you must attach a letter of permission from the Pastor at the parish you attend, allowing your student to register at Saint Francis.**

## **Teen Guidelines for attending Zoom classes**

Thank you for choosing St. Francis of Assisi Parish for your child's your journey of faith. Here are the requirements for eligibility to attend our Religious Education classes this year:

- Each student must have the Zoom app to be able to attend class.
- The student must have a Laptop, Cellphone or Tablet with a camera to be able to access the class.
- The teacher will take role call at the beginning and end of class. This would be considered the same as a sign in and out.
- The student must have the camera on to participate in class.
- Remember they must be in a room without distractions and be aware of their surroundings that will be seen in the Zoom class.

## **Pautas para adolescentes para asistir a clases de Zoom**

Gracias por elegir la Parroquia de San Francisco de Asís para el camino de fe de su hijo. Estos son los requisitos para asistir a nuestras clases de Educación Religiosa este año:

- Cada estudiante debe tener la aplicación Zoom para poder asistir a clase.
- El estudiante debe tener un ordenador portátil, teléfono móvil o tableta con una cámara para poder acceder a la clase.
- El profesor tomará una llamada de rol al principio y al final de la clase. Esto se consideraría lo mismo que un inicio y salida.
- El estudiante debe tener la cámara encendida para participar en la clase.
- Recuerda que deben estar en una habitación sin distracciones y ser conscientes de su entorno que se verá en la clase Zoom.

Parent and student please sign below in agreement to the above guidelines:

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Parent

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Student

## Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement for Participants under the age of 18 and Non Participating Parents or Guardians

NAME OF PARISH OR SCHOOL	NAME OF GROUP
NAME OF EVENT	<b>2020-2021 Parish Religious Education</b> <i>(Use Event Form for Individual Activities or Events)</i>

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

### **PARTICIPANT AGREEMENT** (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
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### **PARENT / GUARDIAN AGREEMENT** (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
HOME PHONE NUMBER	WORK PHONE NUMBER
CELLULAR NUMBER	OTHER MEANS OF CONTACT

## Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in DOF sponsored events, activities, or sports during this calendar year, you must give your signed permission by completing this ANNUAL form. In addition to this form, you will also be required to sign permission PR21 Event Forms for you child to participate in specific DOF sponsored events, activities and sports conducted off parish grounds

NAME OF PARISH OR SCHOOL	NAME OF GROUP
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I, the undersigned parent or legal guardian, voluntarily wish to give permission for and request that my child be allowed to attend and participate in DOF-sponsored events and activities during this calendar year including those conducted off parish grounds. My child is physically fit and capable of participating in DOF events and activities. I have informed my child to cooperate and conform with the rules, guidelines, and instructions given by DOF personnel or agents, or chaperones, or responsible for DOF events and activities. If requested, I will sign a permission and release PR20 Form for each specific event or activity conducted off DOF grounds. I reserve the right to disallow my child to participate in DOF -sponsored events by notifying the leader in writing.

I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or approved commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese of Fresno.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge the DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of DOF activity and any transportation involved with the DOF activities.

In the event of an emergency and if the DOF is unable to contact me, I authorize the DOF personal or other adult leadership of a parish-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the DOF will not be responsible to pay for any medical or dental expenses. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of parish-sponsored activities.

This permission, waiver, release, and consent applies to the DOF named, including but not limited to the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and Schools; affiliated organizations and officers; clergy; agents; and employees.

This waiver and release form is signed in order for my child to participate in the DOF -sponsored events and activities for my child's own personal enjoyment and benefit and is done so freely with the knowledge of the risk and dangers that are or may be involved.

I authorize any hospital which has provided treatment to the named participant pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the DOF representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in DOF -sponsored events and activities. I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for these events, activities, or sports. A copy or digital image of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

PRINT NAME OF PARTICIPANT	DATE
PRINT NAME OF PARENT / LEGAL GUARDIAN	SIGNATURE OF PARENT / LEGAL GUARDIAN

**Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno : Permission for a Minor to Participate in DOF Activities, Release of Liability, and Consent for Emergency Medical Treatment**

The following information is provided for the benefit of the parish in case of an emergency.

PRINT NAME OF PARTICIPANT		DATE OF BIRTH	
PRINT NAME OF PARENT / LEGAL GUARDIAN		PAGER / CELLULAR TELEPHONE NUMBER	
DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)			RELATIONSHIP
EMERGENCY CONTACT DAYTIME TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK	EMERGENCY CONTACT EVENING TELEPHONE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
ALLERGIES (FOODS, DRUGS, INSECTS, ETC.)			
MEDICATIONS (NAME, DOSAGE, TREATMENT)			
IF ANY MEDICATION IS LISTED: FORMS R18 OR R19 MUST BE COMPLETED AND ATTACHED			
OTHER INFORMATION			

**DOCTOR'S / MEDICAL GROUP INFORMATION**

FAMILY DOCTOR OR MEDICAL GROUP

DOCTOR'S TELEPHONE

No Family Physician Listed

DENTIST'S NAME OR MEDICAL GROUP

DENTIST'S NAME TELEPHONE

ORTHODONTIST'S NAME OR MEDICAL GROUP

ORTHODONTIST'S NAME TELEPHONE

**INSURANCE INFORMATION**

INSURANCE COMPANY

POLICY HOLDER'S NAME

INSURANCE GROUP OR ID NUMBER

No insurance Listed

DATE RECEIVED AND BY