

Resurrection CYM Signup 2018-19

Please fill out to the best of your abilities. Please note that parents will be included on every communication sent to their student.

Name: _____

Grade: _____

Parent Name(s): _____

Student Email: _____

Parent Email: _____

Student Phone Number: _____

Parent Phone Number: _____

Best Ways to Contact Student:

Email Text Call

Best Ways to Contact Parents:

Email Text Call

Which Day of the week works best to meet?

Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Students – are you interested in being on the Parish Youth Board? (Help plan CYM events, activities, and get-togethers)

Yes No Maybe

Parents – are you interested in being involved with CYM?

Willing to help with CYM meetings every week Willing to help with meetings occasionally
 Willing to chaperone CYM events Willing to provide food for CYM
 No, thank you, my student will be involved though!

Parents – are you VIRTUS trained?

Yes No Interested in training

Questions or Comments:

Social Media and Communication:

The diocesan social media policy can be found at Section 304bb of the Diocesan Handbook of Policies (<https://catholicdioceseofwichita.org/formsdownloads/7388-2017-18-policy-handbook/file>)

- I give permission for my student to be contacted via the Remind app using their phone number and/or email address.
- I give permission to utilize photos and/or videos of my student for use in social media, specifically for CYM.

Parent/Guardian Signature: _____ Date: _____

OFFICE OF FAITH FORMATION - YOUTH & YOUNG ADULT MINISTRIES - Catholic Diocese of Wichita

Medical Release and Waiver (revised September 2011)

PLEASE PRINT LEGIBLY IN INK:

Name of Participant _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ M F Height _____ Weight _____ Age _____

Emergency Contact # 1 Name: _____ Relationship to participant _____

Address (if different from participant) _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Emergency Contact # 2 Name: _____ Relationship to participant _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

List current medications and dosage: _____

Does Participant wear contact lenses? Yes ___ No ___

Medical Authorization:

I/We understand that the Catholic Diocese of Wichita and the Office of Faith Formation assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

___ YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Waiver:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and the Office of Faith Formation and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita and/or the Office of Faith formation, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:

I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the trip/event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

Photo Release:

I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

Signature of Participant _____

Date _____

Signature of Parent/Guardian* _____

Date _____

*Required if participant is under 18