

St. Leo the Great Youth Ministry
Registration Packet for 2020-2021



In order to best serve you and your teen, please fill out this registration packet for each youth.

- General Info Sheet
- Permission Form
- Medical Form

Activity Fee

In an effort to offset the cost of snacks, meals, youth ministry t-shirt and materials for youth events during the year, St. Leo's does assess an Activity Fee. **However, we will not and have never turned a youth away if cost is an issue.** We would ask that you contribute what you can. The activity fee structure also takes into account family with multiple participating children:

- Middle School: \$60/youth
- High School: \$85/youth
- Family (two or more students): \$120/family

Communication

We send out a weekly email through Flocknote! You can sign up to receive email and/or text notifications. *To sign up to receive text, sent STLYM to 845-76.* Additionally, we have a column in the Sunday Bulletin. You can follow us on Instagram/Twitter/Facebook, @stleosyouth, or on our website: www.stleosyouth.com.

Thank you!

May God Be Praised,

Mrs. Melissa Rihl

Director of Youth Ministry
St. Leo the Great Catholic Church
youthministry@stleofairfax.com
703.591.6089

St. Leo the Great Youth Ministry
Registration Packet for 2020-2021



General Info Sheet:

Student Full Name: _____

Current Grade (Circle One): 6 7 8 9 10 11 12

School: _____

Birthday: _____

T- Shirt Size (Adult sizes, circle one): S M L XL XXL

Parent Name: _____ Parent Email: _____

Teen Email: _____

High School Students Only:

_____ Do you need Sacraments? RCIT is a one-year program. Check here if needed, and we will send you more information

_____ Teen Lectors are needed for the last Sunday, 5pm Mass of each Month, September -May. Check here if you'd like to be added to the list!

For Office Use Only: Paid Y/N MS \$60.00 HS \$85.00 Family \$120.00

Check #: _____ CASH: _____ Financial Aid: _____

PERMISSION FORM --- St. Leo the Great Youth Ministry (Meetings & Events) 2020-2021

Participant's Name (Please print)	Grade	Home Phone
Address	City/State/Zip	Email
Parent's Name	Mobile Phone	Work Phone

Safety: *As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.*

Signature of Participant

Date

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully in *St. Leo the Great Youth Ministry Meetings/Events* from *August 27, 2020 to September 5, 2021*. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event. **Informed Consent to Medical Treatment:** I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto. **Photo, Press, Audio, and Electronic Media Release:** I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

Emergency Contact: Name _____ Relationship: _____
Phone Number: (H) _____ (W) _____ (C) _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event? _____
Are there any known allergies including any allergies to medicine? _____

Physician and Medical Insurance: Primary Healthcare Provider _____ Phone _____
Insurance Company _____ Policy Number: _____

I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian

Date

St. Leo the Great Youth Ministry
Registration Packet for 2020-2021

FULL NAME: _____
DATE: _____

2020- 2021 MEDICAL INFORMATION
(MUST BE FULLY COMPLETED)

MEDICATIONS: PLEASE LIST ANY PERSCRIPTION OR DOCTOR PRESCRIBED OVER THE COUNTER MEDICATIONS YOUR CHILD IS USING:

Drug Name: _____ Dosage ____ per _____
Drug Name: _____ Dosage ____ per _____

ALLERGIES:

Environmental (i.e. pollen, dust) _____
Medications _____
Food _____

DOES YOUR CHILD HAVE AN EPI-PEN? _____
Do they know how to administer it to themselves? _____

HISTORY:

Medical History (be specific) _____

Mental Health Information (be specific) _____

(ALL INFORMATION IS KEPT PRIVATE)