

Church of St. Catharine

108 Middletown Rd. PO Box 655 Holmdel, NJ 07733
732-842-3963/ 732-842-9283 (fax)
www.stcatharine.net/ kmcburnie@stcatharine.net

St. Catharine's Youth Ministry Emergency Contact & Medical Release Form

Participant Information

Name: _____ Date of Birth: _____ Gender: _____

Full Home Address: _____ T-Shirt Size: _____

Student Cell: _____ *Cell Carrier: _____ Student Email: _____

School: _____ Grade as of September: _____

Primary Emergency Contact Information

[Please fill this section out entirely]

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ *Cell Carrier: _____

Parent Email: _____

Full Home Address: _____

Secondary Emergency Contact Information

[Please fill this section out entirely]

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Full Home Address: _____

Medical Information

[Please provide your Health Insurance Information even if no medical conditions exist]

Health Insurance Provider: _____ Account Number: _____

Physician Name: _____ Phone Number: _____

Check all that apply: Epileptic Asthmatic Diabetic No Medical Condition

Allergies: _____

Psychological Condition (i.e. depression, bipolar disorder, etc.) _____

Heart Condition: _____

Currently taking Medication: _____

Other/Details: _____

Other Needs

[Please indicate if there is any other important information, including, but not limited to, dietary needs]

*for sending out group text messages

Please include a check for \$60 made out to St. Catharine Youth Group

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Signatures

[Parent/Guardian Signature is not required for young adults age 18 and over]

Participant- Print Name: _____ Sign Name: _____

Date: _____

Parent/Guardian-Print Name: _____ Sign Name: _____

Date: _____

I will chaperone events or meetings on a rotating basis:

Name _____

I give permission for photos of my child to be used (untagged) on facebook for advertising purposes Y____N____

I give permission for my child to be contacted by cell phone by youth group board members for upcoming events
Y____N____

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**SAINT CATHARINE YOUTH GROUP
YOUTH CODE OF CONDUCT**

Print Name: _____

1. I understand and agree that the primary focus of St. Catharine’s Youth Group is to help me continue to grow spiritually.
2. I will do my best to arrive at Youth Group meetings and Masses on time. I will be respectful, mature and reverent at the celebration of Mass and other religious services.
3. I will be kind and welcoming to all youth group members. I will be respectful of views of my peers and adult leaders and open to building new relationships with them.
4. I will regularly read my youth group emails and respond when asked to do so.
5. I will not leave any event, unless the Youth Minister or an Adult Advisor grants permission.
6. I agree to demonstrate Christian values by my language, behavior and appropriate dress.
7. I agree to respect the rights and property of others. Financial obligations that may result from such behavior will be the sole responsibility of me and my family.
8. I agree not to possess or consume any alcohol and/or any controlled substances before, during or after a Youth Group meeting or event, whether in my home, the home of a friend, or any other place or on Church property.

I understand and agree with the above points. I realize that if I do not abide by these rules, I may lose the privilege of attending a scheduled activity, or may be sent home at the discretion of the Youth Minister or an Adult Advisor. Consumption of alcohol or other illegal acts will result in expulsion from Youth Group and the reporting of such activity to parents and the appropriate authorities.

I wish to become a member of St. Catharine’s Youth Group and hereby agree to abide by the guidelines set out above.

Signature

Date