

**St. John XXIII High School**  
**Youth Group / Confirmation Registration**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Teen Cell: \_\_\_\_\_ Teen Email: \_\_\_\_\_

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

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Baptized Yes/No      Communion Yes/No      Confirmation Yes/No

Church of Baptism: \_\_\_\_\_

Church of Communion: \_\_\_\_\_ Church of Confirmation: \_\_\_\_\_

Registered at St. John XXIII? Yes/No -

Mother/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Parental Involvement:**

Youth Ministry serves as a help to the religious example being received at home: parents are the primary educators of their children. As such, we will occasionally have optional parent meeting to answer questions, take ideas, and give an overview of the program. Please note that an integral part of a teen's formation is participation in Sunday Mass. We encourage your active participation in the parish so your teen will see and reflect you own love of our Lord! Lastly, please consider volunteering with us for special events and youth nights.

**Social Media:**

It is OK for my teen to communicate with the youth group page on Facebook and/or Twitter at my teen's preference.

**PLEASE ENCLOSE \$40 WITH THIS REGISTRATION**

FOR OFFICE USE ONLY: PAID _____ CHECK # _____ CASH _____ LIABILITY _____ MED _____
--

\*Please complete other side



*DIOCESE OF VENICE IN FLORIDA*

**AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE  
IN PHOTO, VIDEO FILES OR OTHER MEDIA**

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor/student in  
Grade \_\_\_\_\_, hereby grant to \_\_\_\_\_ (School) the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate my minor's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of minor; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, \_\_\_\_\_ Catholic School, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of minor's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Please return this form to  
the school or parish office**

Revised 1/2014



*DIOCESE OF VENICE IN FLORIDA*

---

**MEDICAL AUTHORIZATION FOR MINOR**

NAME OF MINOR: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PARISH/SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_ / \_\_\_\_\_

PHONE #s: CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

**MEDICAL INFORMATION:** Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

---

---

---

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian