

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 _____
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*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