

Youth Ministry Registration 2011 - 2012

Teen Name: _____
Last
First
Middle Name

Name teen goes by: _____ Teen E-mail: _____

Date of Birth: _____ Gender: ____ T-Shirt Size: ____

Home Phone #: _____ Family Email: _____

Home Address: _____
Street
City
Zip

PARENTS or GUARDIANS		
	Head of Household	Spouse
Name		
Relationship to child		
Religion		
Cellular Phone #		

Name of High School: _____ Grade for 2011-2012: _____

Emergency Contact: _____ Phone#: _____

Relationship to teen: _____ May this person pick your son/daughter up from church? **Y / N**

Program participated in last year? (Please circle one):

Home school Religious Education High/Middle School Youth Ministry Other Church/None

Student Sacramental History:

Yes	No	Please indicate the appropriate response:
		Teen has received Baptism <i>Date</i> _____ <i>Church/City/ST:</i> _____
		Teen has received Reconciliation <i>Date:</i> _____ <i>Church/City/ST:</i> _____
		Teen has received First Holy Communion <i>Date:</i> _____ <i>Church/City/ST:</i> _____
		Did your son/daughter participate in High School Youth Ministry at St. Raphael's last year?
		Did your son/daughter participate in Youth Ministry at <u>another parish or school</u> last year? If yes, name of parish / school _____ city & state _____
		Is it the intention of your son/daughter to be confirmed in Spring 2012?

For Office use only						
Registration Date _____	Fee paid _____	Amount \$ _____	Check # _____	Cash _____	\$Deposited _____	Snack fee _____

Student's Name: _____

REGISTRATION FEE:

Fees must be paid BEFORE your son/daughter's application is processed.

Please note: All tuition is due on or before September 31, 2011.

Youth Ministry Program Participant Fee **\$25.00**
For Middle School and High School age Students

Snack Donation (optional donation to offset cost of dinner/snacks) **\$10.00**

Confirmation Fee (for Students in Confirmation Program) **\$50.00**

Total _____

Checks should be made payable to St. Raphael Church

PARENT/ GUARDIAN CONSENT: I consent to my teen being registered in the St. Raphael Youth Ministry Program. I understand that this program adheres to the teachings of the Roman Catholic Church. I also understand that as primary catechist for my children, I assume responsibility for their Mass and class attendance and behavior. I am also responsible for being familiar with the program calendar and curriculum requirements. ***Please Note: All Confirmation classes and the retreat are mandatory in order to receive the Sacrament of Confirmation.***

Signature: _____ Date: _____



The 2012 River of Life Retreat !!!

Middle School: May 4-6
High School: May 18-20

"Jesus answered her, "If you knew the gift of God, and who it is that is saying to you, 'Give me a drink,' you would have asked him and he would have given you living water." John 4:10-11

Who: Middle School (Grades 6 - 8) and High School (Grades 9 - 12)

What: The River of Life Retreat

When: Middle School, May 4-6
High School, May 18 - 20

Where: Tomahawk Lodge, Floral City, FL

How to Reserve a Spot: Turn in permission slip (Attached to this page) & check for \$75 (made out to St. Raphael's Church) by **Wednesday, February 1**...Spots are limited though so sign up ASAP...You do not want to miss this amazing opportunity!

Please note that we will be **departing on Friday 6 PM** (have dinner before departure, snacks will be available throughout the night) and returning **Sunday 3 PM**.

What to Expect: Faith, Fun, Adventure, Tubing down the River, Camping, Eating, Laughing, & Praying!

"On the last day of the feast, the great day, Jesus stood up and proclaimed, "If any one thirst, let him come to me and drink. He who believes in me, as the Scripture has said, 'Out of his heart shall flow rivers of living water.'"

John 7:37-38

PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: River of Life Retreat, High School COST: \$75.00
DATE(S): Fri, May 18 - Sun, May 20 TIME: Meet @ St. Raphael's @ 5 PM Fri; Get back about 3 PM Sun
EVENT LOCATION: Tomahawk Lodge, 8888 E Gobler Dr, Floral City, FL PARISH: St. Raphael's Church

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____

Home Address: _____

Name of Parent/Guardian: _____

Work Phone: _____ Home: _____

Emergency Number for above date: _____

CONSENT AND RELEASE

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. **ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.**

Transportation: ____YES____NO I hereby grant my youth permission to ride in church sponsored transportation (if available) which will be via bus (plane/car/etc) to and from the event. I understand that all diocesan transportation guidelines will be followed. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office.

YOUTH/STUDENTS MUST ACCOMPANY THE PARISH GROUP TO AND FROM THE FIELD TRIP IF TRANSPORTATION IS PROVIDED AND "YES" IS SELECTED ABOVE.

MOTHER'S SIGNATURE _____ DATE _____
FATHER'S SIGNATURE _____ DATE _____

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES - THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.

PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: River of Life Retreat, Middle School COST: \$75.00
DATE(S): Fri, May 4 - Sun, May 6 TIME: Meet @ St. Raphael's @ 5PM Sat; Get back Sun about 3 PM
EVENT LOCATION: Tomahawk Lodge, 8888 E Gobler Dr, Floral City, FL PARISH: St. Raphael's Church

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____

Home Address: _____

Name of Parent/Guardian: _____

Work Phone: _____ Home: _____

Emergency Number for above date: _____

CONSENT AND RELEASE

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Covecrest 2012

Middle School: June 25-30

High School: June 11-16

Who: Middle School (Grades 6 – 8) and High School (Grades 9 – 12)

What: Summer Camp at Covecrest

When: Middle School, June 25-30

High School, June 11-16

Cost: \$450 + Transportation (we are trying to find the most cost effective mode of transportation and will get you this information very soon).

Where: Camp Covecrest (25 Covecrest Drive Tiger, GA 30576)
Located in the midst of a beautiful national forest in the Northeast Georgia Mountains

How to Reserve a Spot: Turn in permission slip (Attached to this page) & check for \$150 (made out to St. Raphael's Church) by **Wednesday, February 1**...Spots are limited though so sign up ASAP...You do not want to miss this amazing opportunity!

What to Expect: LifeTeen Covecrest offers a great place for youth groups to hang out, have fun, meet teens from all over the country, and deepen their relationship with God. At Covecrest, teens have an awesome opportunity for prayer and reflection (1) in the Chapel, (2) in the outdoor Stations of the Cross, (3) on the bank next to the waterfalls, (4) or on the deck overlooking the lake with the mountains in the background. Covecrest also offers high and low ropes challenge courses, a two-sided climbing wall, a zip line, a giant rope swing, basketball and sand volleyball courts, hiking trails and playing fields.

PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: Covecrest, High School COST: \$150 Deposit
DATE(S): June 25-30 TIME: TBD
EVENT LOCATION: Camp Covecrest (25 Covecrest Drive Tiger, GA 30576) PARISH: St. Raphael's Church

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____

Home Address: _____

Name of Parent/Guardian: _____

Work Phone: _____ Home: _____

Emergency Number for above date: _____

CONSENT AND RELEASE

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

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Transportation: YES NO I hereby grant my youth permission to ride in church sponsored transportation (if available) which will be via TBD (plane/car/etc) to and from the event. I understand that all diocesan transportation guidelines will be followed. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office.

YOUTH/STUDENTS MUST ACCOMPANY THE PARISH GROUP TO AND FROM THE FIELD TRIP IF TRANSPORTATION IS PROVIDED AND "YES" IS SELECTED ABOVE.

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PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: Covecrest, Middle School COST: \$150 Deposit
DATE(S): June 11-16 TIME: TBD
EVENT LOCATION: Camp Covecrest (25 Covecrest Drive Tiger, GA 30576) PARISH: St. Raphael's Church

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____

Home Address: _____

Name of Parent/Guardian: _____

Work Phone: _____ Home: _____

Emergency Number for above date: _____

CONSENT AND RELEASE

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