

**YOUTH MINISTRY ANNUAL FORM 2020-2021**  
*St. Raphael Catholic Church*  
**1376 Snell Isle Blvd NE, ST. Petersburg, FL 33704**  
**727-821-7989**

TEEN'S NAME:  NICKNAME:

BIRTHDAY:  AGE:  GENDER:

TEEN CELL PHONE:  TEEN EMAIL:

ADD TEEN TO CONFIRMATION APP: **Yes No N/A**

CURRENT SCHOOL:  CURRENT GRADE:

ALLERGIES:

**WHAT SACRAMENTS HAVE YOU RECEIVED?**

- |                                               |                                                |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Baptism              | <input type="checkbox"/> Confirmation          |
| <input type="checkbox"/> First Reconciliation | <input type="checkbox"/> Anointing of the Sick |
| <input type="checkbox"/> First Communion      |                                                |

**HELP US GET TO KNOW YOU BETTER!**

What sport(s) do you play?

What are your hobbies? (Check all that apply):

- |                                    |                                         |                                                |
|------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Singing   | <input type="checkbox"/> Dancing        | <input type="checkbox"/> Acting                |
| <input type="checkbox"/> Painting  | <input type="checkbox"/> Photography    | <input type="checkbox"/> Playing an instrument |
| <input type="checkbox"/> Drawing   | <input type="checkbox"/> Videography    | <input type="checkbox"/> Other:                |
| <input type="checkbox"/> Sculpture | <input type="checkbox"/> Cooking/Baking |                                                |
| <input type="checkbox"/> Writing   |                                         |                                                |

Click or tap here to enter text.

**What activities are you interested in participating in or helping with (Check all that apply):**

- |                                                                  |                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Edge Nights (Middle School Youth Group) | <input type="checkbox"/> Lector at 5:30pm Sun. Mass (High School Teens)                       |
| <input type="checkbox"/> Life Nights (High School Youth Group)   | <input type="checkbox"/> Greeting before 5:30pm mass: <b>With Family or With Friend Group</b> |
| <input type="checkbox"/> Edge/Life Teen Summer Camp              | <input type="checkbox"/> Help with Middle School Ministry (High School Teens)                 |
| <input type="checkbox"/> March for Life (Washington, DC)         |                                                                                               |
| <input type="checkbox"/> Retreats                                |                                                                                               |
| <input type="checkbox"/> Fish Fry Volunteer                      |                                                                                               |
| <input type="checkbox"/> Usher at 5:30pm Sun. Mass               |                                                                                               |

**PARENT INFORMATION:**

MOTHER'S NAME:  PHONE NUMBER:

FATHER'S NAME:  PHONE NUMBER:

BEST EMAIL(S):

**St. Raphael Catholic Church**  
**1376 Snell Isle Blvd NE, ST. Petersburg, FL 33704**  
**727-821-7989**

**ANNUAL PARENTAL PERMISSION/RELEASE for**  
**Communication, Photos, and Medical**

**Method of Communication Release:**

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

**Yes**, I give  (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(please check all that apply)

- Email address
- Facebook
- Instant Messaging
- Home phone
- Cell phone
- Text message
- Postal mail

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes

**No**, I *do not* give  (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- Email address
- Facebook
- Instant Messaging
- Home phone
- Cell phone
- Text message
- Postal mail

I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is:

**Publicity/Photo/Video Release:**

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by **St. Raphael Parish** or media representative.

**Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

**No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

*St. Raphael Catholic Church  
1376 Snell Isle Blvd NE, ST. Petersburg, FL 33704  
727-821-7989*

**I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release, and you are attesting to the validity of all contents within this electronic submission. By typing your name below, you are deemed to have electronically signed this statement.**

Youth Ministry Policies and Procedures Acknowledgement Form

1.) Policies for the Protection of Children and Vulnerable Adults:

I acknowledge that I have received, read, and understand the policies of the Diocese of St. Petersburg's Policies for the Protection of Children and Vulnerable Adults.

I agree to abide by the policies contained therein.

Parent/Guardian Signature

Parent/Guardian Signature

Date

2.) Code of Conduct for Children and Youth:

I acknowledge that I have received, read, and understand the policies of the Code of Contact for Children and Youth and have reviewed the policies with my child.

We agree to abide by the policies contained therein.

Parent/Guardian Signature

Youth Signature

Date



## DIOCESE OF ST. PETERSBURG

### Statement of Understanding and Release of Liability in Regard to COVID-19

COVID-19 has been declared a worldwide pandemic by the World Health Organization. In order to resume regular Faith Formation and Youth Ministry operations, the Diocese of St. Petersburg and St. Raphael Parish have put in place reasonable preventative measures and standards of behavior to reduce the spread of COVID-19 at parish activities. Even with implementation of safety protocols, the Parish cannot guarantee that you or your child(ren) will not become infected with COVID-19; attendance at Parish and/or participation in the Parish activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

**ASSUMPTION OF RISK:** The (*Diocese of St. Petersburg/St. Raphael Parish*) cannot prevent you or your child/children from becoming exposed to, contracting, or spreading COVID-19 while attending parish programs and related activities. It is not possible to prevent against the presence of the disease. Therefore, if you choose for your children to attend St. Raphael Parish programs, your child and/or other family members may be exposed to and/or at increased risk of contracting or spreading COVID-19. I/we have read and understood the above warning concerning COVID-19. I/we hereby choose to accept the risk of contracting COVID-19 for myself/ourselves, my/our child/children, and/or other family members in order for my/our child/children,

(Name of Minor Child)

to attend parish programs and related activities. By signing this agreement, I/we acknowledge the contagious nature of COVID-19 and that my/our child(ren) and I/we may be exposed to or infected by COVID-19 by attending and/or being present at parish programs, and/or by participating in parish activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive my right to bring suit against (*Diocese of St. Petersburg/St. Raphael Parish*) and its owners, officers, directors, managers, officials, trustees, agents, employees, authorized volunteers, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to the Program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW:** I understand and agree that the law of the State of Florida will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release, and you are attesting to the validity of all contents within this submission. By typing your name below, you are deemed to have electronically signed this statement.

(Parent/Guardian Signature)

(Date)