



## REGISTRATION FORM

### Ignite Participant Information

Name \_\_\_\_\_ T-shirt size \_\_\_\_\_

Are there any serious medical conditions of which the Youth Minister should be aware?

### Parent/Guardian Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Who will be dropping off and picking up the Ignite participant?

Though we have identified and prepared topics to discuss, we want to be cognizant of ensuring we meet the needs of our 7th and 8th graders to make the program as impactful as possible. With that, since you know what your child and the peers in their age group are facing on a daily basis, we are asking for your feedback on topics you think are important. This will help us prioritize our sessions and potentially bring to light areas we may not have planned to hit on.

### The Legal Stuff

#### **MEDIA WAVER**

I give permission to the Ignite Youth Ministry Program, as well as all agents of the aforementioned to photograph, videotape, and/or film my child and to use his or her image in photographs, video, and/or film ONLY for the purposes of promoting the mission, activities, and programs of Ignite Youth Ministry. I understand that I and my child are not entitled to any compensation or rights in these materials, and I release the Ignite Youth Ministry Program or any of its agents from any liability for the use of my child's image for the above stated purposes. I further understand that my child's photograph, videotape, and/or film may be used for future publications or advertisements or social media updates by the Ignite Youth Ministry Program. By checking the box below you are affirming that you have read, understand, and agree to all terms outlined.

I Accept

Parent/Guardian Initials \_\_\_\_\_

**COMMUNICATIONS WAIVER**

I give permission to the Ignite Youth Ministry Program, as well as all agents of the aforementioned to communicate with my teen via e-mail, text messages, phone calls, zoom, as well as Instagram and any other social media. I understand that all communication between my child and the Ignite Youth Ministry Program will follow safe environment protocols. By checking the box below you are affirming that you have read, understand, and agree to all terms outlined.

I Accept

Parent/Guardian Initials \_\_\_\_\_

**MEDICAL CONSENT**

The undersigned do hereby request and consent that my child may attend and participate in the activity and associated activities listed above. I authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or emergency medical technician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such diagnosis or treatment is rendered at the office of said physician or said hospital or treatment center. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this request and authorization. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above activity sponsored by the Ignite Youth Ministry Program.

I Accept

Parent/Guardian Initials \_\_\_\_\_

**PARENT /GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS**

In consideration for being accepted by the Ignite Youth Ministry Program and, the Diocese of Bridgeport for attendance at and participation in the aforementioned listed activity and associated activities, on behalf of my child participant, I hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in all activities involved therein. The undersigned further hereby agree to hold harmless, and indemnify said parishes, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. I, thereby request participation and grant permission for above mentioned child to participate fully in said activity, and hereby give my permission to accompanying chaperones to supervise, care, and discipline my child. Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. When travel to, and from the activity is not parish sponsored, I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity. Should it be necessary for the participant to return home due to disciplinary action, I understand participant may not be allowed to participate in future Ignite Youth Ministry Program events.

PARENT/GUARDIAN: By signing your below, you are indicating that all the information on this form is true and accurate, to the best of your knowledge, and that you have read and understand all releases and waivers.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return completed forms to the parish office or scan and email them to Grace.Zaloski@stjosephbrookfield.com.

For any questions please call the parish office at 203-775-1035 or email Grace.Zaloski@stjosephbrookfield.com.