

The Church of St. Peter/241Broadway/Saratoga Springs, NY 12866
Office of Youth Ministry/518-587-5182
youthministry@stpetersaratoga.org

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ City/State of Birth \_\_\_\_\_

School Attending \_\_\_\_\_ Grade as of September 2020 \_\_\_\_\_

Student's E-mail address: \_\_\_\_\_

Family Information

Mother (first) (maiden) (last) (religion)

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father (first) (last) (religion)

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

(EMAIL ADDRESSES REQUIRED OF ALL PARENTS)

\*\*If you wish for a duplicate copy of information sent to another parent/guardian, please indicate that person's name, address and email address

Sacramental History (if other than St. Peter, please bring original certificate AND we will copy)

Baptism (place and date)

Holy Eucharist (place and date)

Reconciliation/Confession (place and date)

Confirmation (place and date)

\*\* PLACE, DATE AND GRADE LEVEL COMPLETED OF MOST RECENT ENROLLMENT IN A RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAM\*\*:

REGISTRATION FEE IS DUE AT TIME OF REGISTRATION

Please make check payable to Church of St. Peter

Table with 2 columns: Fee Category and Amount. Rows include One child (\$75.00), Two Children (\$140.00), and Family (\$160.00).

FEES ARE WAIVED FOR CATECHISTS

SEE SEMESTER SCHEDULES FOR SESSION TIMES

(Office Use: Amt. \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Date Received \_\_\_\_\_)

PLEASE FILL OUT THE BACK OF THIS FORM

For Office Use: Grade \_\_\_\_\_ Catechist \_\_\_\_\_

Does your son/daughter have any medical conditions such as allergies, ADD or ADHD, etc. or is your child on medication that we and their catechist should be made aware of?

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Please list any other information that we and your son/daughter's catechist should be made aware of....recent divorce, death in the family, etc. \_\_\_\_\_

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As a member of the Catholic Faith Community, I realize the importance of making a serious effort to participate in an active way in the life of the Community of St. Peter's Catholic Church. **The most important aspect of this is attending weekly Mass and Mass on Holy Days of Obligation.** In recognition of the importance of my role as parent in the Faith life of my child, I pledge myself to provide a Christian example for my son/daughter as lived out in the Catholic tradition. *This means that I am pledging that if my son or daughter has to miss scheduled sessions/gathered sessions, my son/daughter will do make up work when required for **Absenteeism.***

**Volunteers are the core of our Youth Ministry program. Will you please consider volunteering in some capacity? No professional experience needed except being Catholic!**

**I would like to volunteer in the following way(s):**

**Youth Ministry Catechist or Assistant Catechist:** \_\_\_\_\_

Sponsor/Mentor for Confirmation \_\_\_\_\_

Door Security Person (1x month) \_\_\_\_\_

Hospitality Ministry Volunteer, assist with coordination, set up, clean up for programs, events, etc.

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Signature of Parent

Date

In case of an emergency, please list a phone number where you can be reached during class time \_\_\_\_\_

Roman Catholic Diocese of Albany  
**MEDICAL CONSENT, PERMISSION AND RELEASE FORM**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ authorize the employees (Adult Youth Ministry leadership person) and chaperones (with proper diocesan credentials) of St. Peter's Parish to obtain emergency medical treatment, should it be necessary, during my teen's attendance and participation in all activities related to Youth Ministry for the school year 2020-2021 that are held on the grounds of St. Peter's Church. All other activities will require a separate permission form.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The persons(s) who should be notified and the telephone number(s) are:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

I consent and give permission for my teen's participation and attendance in this activity/program. In consideration of my teen's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Peter's Parish, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors, and assigns arising out of any and all injuries by my teen while participation in this activity/program.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

As a youth of St. Peter's Parish, I understand and agree to follow the rules and regulations as determined by the St. Peter's Youth Ministry Program, and the Diocese of Albany for this activity/program. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's expense.

Parent/Guardian

Youth Participant

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list any allergies, including food allergies: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_

**RELEASE AND CONSENT FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

I, \_\_\_\_\_ (parent or legal guardian), the undersigned, give my permission for my youth to attend any and all activities related to Youth Ministry for the school year 2020-2021 that are held on the grounds of St. Peter's Church (all other activities will require a separate permission slip) and, if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Church of St. Peter and the Adult Youth Ministry leadership person of all responsibility and consequences that may arise as the result of this treatment. I will not hold St. Peter's parish or the Adult Youth Ministry leadership person responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My youth agrees to abide by all rules and regulations decided upon by St. Peter's parish and the Adult Youth Ministry leadership person of the event. I understand that neither St. Peter's parish nor the Adult Youth Ministry leadership person of the event will be held liable if my youth fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the event. I further understand that I will be responsible for any costs or other requirements for immediate transportation home.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date

**MEDICAL INFORMATION**

Allergies? \_\_\_\_\_

Required medications (please indicate dosage, frequency, etc.) \_\_\_\_\_

Special medical conditions \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

In case of emergency and I can't be reached please notify:

Relation to Youth \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address w/zip \_\_\_\_\_

Phone number \_\_\_\_\_

**PLEASE FILL OUT THE BACK OF THIS FORM**

PERMISSION FOR PHOTOGRAPH/VIDEOTAPES/FILMS  
AND TAPE RECORDINGS  
SCHOOL YEAR  
September, 2020 – June, 2021

I hereby authorize and give my consent for the taking of pictures (moving or still) of  
\_\_\_\_\_ and further give my permission for their reproduction for:

- 1. Teaching Purposes Only \_\_\_\_\_
- 2. News Releases \_\_\_\_\_
- 3. Publications \_\_\_\_\_
- 4. Community Programs \_\_\_\_\_
- 5. Church of St. Peter Website \_\_\_\_\_

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Date

Signature

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Relationship

*This space may be used to state any restrictions you may have on the above.*

Church of St. Peter  
Office of Religious Education/Youth Ministry  
241 Broadway  
Saratoga Springs, NY 12866  
587-4487/587-5182

## Consent for use of communications via Email, Facebook, Twitter, and/or blogs

Youth's Name: \_\_\_\_\_

**\*\* Please only fill in the sections you would like to receive  
communications from. \*\***

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

Facebook profile name: \_\_\_\_\_

### **AUTHORIZATION:**

By signing below, I \_\_\_\_\_ authorize  
Parent/guardian name

representatives of The Church of St. Peter to send Email, Facebook,  
and/or Blog communications to my son/daughter \_\_\_\_\_.  
Youth Name

Messages may be sent for a variety of reasons including but not limited to: reminders about  
upcoming events, reading assignments, service opportunities, class cancellations or changes,  
and more.

**This consent shall remain in effect unless revoked in writing.**

\_\_\_\_\_  
**Parent/guardian name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**