



# Saint Andrew Catholic Church Youth Music Ministry



## High School Bells

9th - 12th grades

7:45pm - 9:00pm rehearsals

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) Cell Phone(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent(s) Email Address(es) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Ringer's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Name of School \_\_\_\_\_

Ringer's Cell # \_\_\_\_\_ Ringer's Email \_\_\_\_\_

Ringer's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Name of School \_\_\_\_\_

Ringer's Cell # \_\_\_\_\_ Ringer's Email \_\_\_\_\_

Ringer's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Name of School \_\_\_\_\_

Ringer's Cell # \_\_\_\_\_ Ringer's Email \_\_\_\_\_

*Unlimited Texting?    Yes    No*

*Cell Phone Carrier (so we can email a text message to cell phone) - please circle:*

*ATT Cingular T-Mobile Verizon Sprint Alltel Virgin Mobile Boost*

## **EMERGENCY CONTACT INFORMATION**

Please list the name of someone who could be reached in case parents cannot.

Name of Contact \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Relationship to Ringer \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**There is a \$40 program fee for each student involved in the High School Ringers**

Office use Only:

Program fee paid

cash amount \_\_\_\_\_ check # \_\_\_\_\_ / amount \_\_\_\_\_

FORM A Annual Youth Ministry Parental Liability Waiver, Permission and Medical Information

Catholic Diocese of Fort Worth and/or the Parish of

Saint Andrew

Annual Youth Ministry Parent/Guardian/Conservator Permission, Liability Waiver and Medical Information

Youth Participant's Name: \_\_\_\_\_
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_
[ ] Parent [ ] Guardian [ ] Conservator Name: \_\_\_\_\_
Home Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
Emergency Contact Name: \_\_\_\_\_
Relationship to the son/daughter/participant: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Texting: Yes No Business Phone: \_\_\_\_\_

Release/Indemnification Information:

I, \_\_\_\_\_ grant my permission for \_\_\_\_\_
Parent/Guardian/Conservator's Name Participant's Name

to participate with the various programs and activities of the Diocese of Fort Worth and/or the parish of
Saint Andrew beginning the 1st day of June, 2011 and continuing through the 31th day of May,
2012. These various programs and activities will take place under the guidance and direction of employees and/or
volunteers from the parish of Saint Andrew and/or the Diocese of Fort Worth. This permission and liability
waiver will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Fort Worth
and/or parish of Saint Andrew. A separate FORM B Consent to Participate and Consent to
Emergency Medical Treatment must be filled out and turned in to accompany this form per each program and/or activity.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the
participant named above.

I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and
assigns to hold harmless, the Diocese of Fort Worth, the Bishop and his successors, employees, agents,
volunteers, the Parish, its employees and volunteers from any and all claims (unless due in part by gross
negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith,
arising from or in any way connected with my son's/daughter/participant's attending the various programs and
activities during the dates named above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of
this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all
reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Promotional Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in
perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The
Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent
Catechesis) in which my son/daughter may appear by the Diocese of Fort Worth. I understand that these materials are
being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising
efforts.

Parent/Guardian/Conservator Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Media Release

I give permission for youth ministry leaders to communicate with my son/daughter using texting, Facebook, email, and
other social media. I understand that I may request access to the social media sites, texting and any other electronic
communication at any time.

Parent/Guardian/Conservator Signature \_\_\_\_\_ Date \_\_\_\_\_

FORM A Annual Youth Ministry Parental Liability Waiver, Permission and Medical Information

Participant Medical Information

\*\*Please attach a photocopy of your (participant's) Insurance Card, front and back and fill out the information below.\*\*

Youth Participant's Name: \_\_\_\_\_
Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_
Insurance ID Number: \_\_\_\_\_
Social Security #: \_\_\_\_\_

Medications: Check All that Apply - Note: DO NOT CHECK ALL BOXES BELOW AS ONE MAY CANCEL OUT ANOTHER

- Box 1: This child takes no medication and will bring no medication with him/her.
Box 2: This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below: (you may attach a sheet to this form if you need more space just make sure to sign and date it as well).

Box 3: This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

Box 4: No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

Box 5: I grant permission for the following nonprescription medication to be given to this child (excluding medication listed below that causes allergic reaction).

Non-aspirin pain reliever: Yes [ ] No [ ] # of tablets per dosage \_\_\_\_\_
Throat Lozenge: Yes [ ] No [ ]
Decongestant: Yes [ ] No [ ] # of tablets per dosage \_\_\_\_\_
Antacid: Yes [ ] No [ ]
Antihistamine: Yes [ ] No [ ] # of tablets per dosage \_\_\_\_\_

Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.)

Immunizations: date of last tetanus/diphtheria immunization

Other Medications child currently takes

Any physical limitations

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, date and disease or condition.

You should also be aware of these special medical conditions of this child. Please attach a clear description to this form

Signature of Parent/Guardian/Conservator: \_\_\_\_\_

Witnessed by me, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Notary's Signature: \_\_\_\_\_ Notary's Seal:

Required for all out of state activities

**Diocese of Fort Worth and/or Parish of Saint Andrew  
Adult Liability Waiver, Medical Release and Promotional Release Form**

**\*\*All adults participating in parish and/or diocesan Youth Ministry Events must fill out this form\*\***

Adult Participant's Name: \_\_\_\_\_

Parish: Saint Andrew Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Do you text? \_\_\_\_\_

Have you gone through the Approved Diocese of Fort Worth Safe Environment Training Program?

Answer: \_\_\_\_\_ If so, when \_\_\_\_\_ what parish \_\_\_\_\_

Have you read and signed the Code of Conduct and Standards of Behavior from the Diocese of Fort Worth and do you agree to follow the "Code" and "Standards." \_\_\_\_\_

Have you read and do you agree to follow the diocesan guidelines for on and off site youth ministry. Answer: \_\_\_\_\_

*I agree on behalf of myself, my heirs, successors, and assign to hold harmless and release the Diocese of Fort Worth, Bishop of the Roman Catholic Diocese and his Successors in office, Diocesan Employees, Volunteers, and the parish of Saint Andrew youth ministry program, their officers, directors, and agents from any liability (unless caused by gross negligence of the Diocese and/or parish) for illness, injury or death arising from or in connection with my attending youth ministry events beginning the **1st day of June, 2011 through the 31th day of May, 2012.***

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

\_\_\_\_\_

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Night Phone Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**Please attach a copy, front and back of your Medical Insurance Card**

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which I may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

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



## CHOIR POLO ORDER FORM 2011-2012

**Children's Sizes**      XS                  S                  M                  L

**Adult Sizes**                  S                  M                  L                  XL

Choir Member Name \_\_\_\_\_

Name of Choir \_\_\_\_\_ Shirt Size? \_\_\_\_\_ Child or Adult Size?

Choir Member Name \_\_\_\_\_

Name of Choir \_\_\_\_\_ Shirt Size? \_\_\_\_\_ Child or Adult Size?

Choir Member Name \_\_\_\_\_

Name of Choir \_\_\_\_\_ Shirt Size? \_\_\_\_\_ Child or Adult Size?

Choir Member Name \_\_\_\_\_

Name of Choir \_\_\_\_\_ Shirt Size? \_\_\_\_\_ Child or Adult Size?

*Office Use Only:*

Paid       Cash amount \_\_\_\_\_ Check # \_\_\_\_\_ /Amt \_\_\_\_\_