

**SENIOR HIGH YOUTH MINISTRY PROGRAM GRADES 9-12**  
**ST. JOHN THE EVANGELIST CHURCH**

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

#1 FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TOWN and ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REGISTERED MEMBER OF ST. JOHN'S PARISH  yes  no

IF NO, Is your family registered in another parish?  yes  no Name of Other Parish: \_\_\_\_\_

.....  
#2 FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TOWN and ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REGISTERED MEMBER OF ST. JOHN'S PARISH  yes  no

IF NO, Is your family registered in another parish?  yes  no Name of Other Parish: \_\_\_\_\_

.....  
#3 FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_ DOB \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TOWN and ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

REGISTERED MEMBER OF ST. JOHN'S PARISH  yes  no

IF NO, Is your family registered in another parish?  yes  no Name of Other Parish: \_\_\_\_\_

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**FAMILY CONTACT INFORMATION**

FATHER'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

(If parent cannot be reached for an emergency/class cancellation)

PARENT EMAIL \_\_\_\_\_

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# CODE OF CONDUCT FOR MINOR CHILDREN INVOLVED IN PARISH PROGRAMS

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- The purchase, possession or consumption/use of alcoholic beverages or other illegal drugs will not be tolerated. Failure to comply will result in **immediate dismissal** from the event. This policy also applies to adult volunteers and chaperones.
- Minors will not be allowed to smoke cigarettes or to use tobacco products, including chewing tobacco.
- Participants are expected to obey the directions of adults in charge (catechists, youth group leaders, chaperones).
- Participants are representing their parish community. Appropriate behavior and language are expected.
- No dangerous or rough play will be tolerated.
- Final decisions regarding acceptable behavior/consequences are the decision of the staff person in charge.

In general, if the behavior of a minor child results in his/her dismissal from the program, it is the responsibility of the parents/legal guardians to provide, at their own expense, transportation for the dismissed child. If a child is dismissed from an off site event and an adult chaperone must accompany the child home, the parents/legal guardian are responsible for any related expenses.

*In signing this Code of Conduct form, I hereby certify that I have read, understand, and will comply with the Code and, furthermore, I have reviewed the Code of Conduct with my child(ren).*

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

Signature of Participating Youth \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participating Youth \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participating Youth \_\_\_\_\_ Date \_\_\_\_\_

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## DISMISSAL RELEASE FORM

I, \_\_\_\_\_ will pick up my children \_\_\_\_\_ from Youth Ministry Program. In the event I cannot pick up my child (ren) from Youth Ministry Program, I authorize the catechist/group leader to release my child (ren) to the following adults (Please remember to include the other parent/step-parent if appropriate): **Photo ID maybe required.**

Names _____	Phone _____
_____	Phone _____
_____	Phone _____

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Signature of parent/guardian completing this form	Phone number	Date
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Catholic Diocese  
11150 Buffalo Road  
Rochester, NY 14624

# Photo Release

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

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

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

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

Parish: St. John the Evangelist Spencerport

I hereby consent to and authorize the use and reproduction by the parish, or anyone authorized by the parish, of any and all photography, still or in motion, and/or all audio recordings in which this student appears.

I acknowledge that we will not be paid compensation for any reproduction of these materials. All negatives, prints, and audiotapes are property of St. John the Evangelist, Spencerport.

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Since the student is underage consent must be given by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of the child/children named above, and I give my consent without reservation.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date

OR

I hereby certify that I am the parent or guardian of the child/children named above, and I do not give my consent.

\_\_\_\_\_  
Signature of Parent or guardian

\_\_\_\_\_  
Date