

**St. John the Baptist  
YOUTH MINISTRY PROGRAM  
YOUTH GROUP & CONFIRMATION PREPARATION  
REGISTRATION  
2016 – 2017**

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Complete this form and return to parish office before September 2, 2016 with the following:

- Registration for (check one box only):
  - Youth Ministry (1<sup>st</sup> year)
  - Confirmation (Must have successfully completed 1 yr. of Youth Ministry)
- **Registration fee of \$100 (make check payable to St. John the Baptist Church)**
- **All attached forms, signed and completed (Parent Permission, Health Form & Covenant)**
- **Confirmation registration should include copy of Baptismal & 1<sup>st</sup> Communion Certificates**
- **If you have any questions, please call Gina DeLaTorre, 510-815-0050.**

|                                         |             |                                      |  |
|-----------------------------------------|-------------|--------------------------------------|--|
| YOUTH'S NAME                            |             | BIRTHDATE                            |  |
| ADDRESS                                 |             | YOUTH'S CELL #                       |  |
| HOME PHONE                              |             | YOUTH'S E-MAIL                       |  |
| DAD'S NAME                              | DAD'S CELL# | DAD'S E-MAIL                         |  |
| MOM'S MAIDEN NAME                       | MOM'S CELL# | MOM'S E-MAIL                         |  |
| SCHOOL ATTENDING                        |             | GRADE IN FALL                        |  |
| IS YOUR FAMILY REGISTERED AT ST. JOHN'S |             | IF NOT WHAT PARISH DO YOU BELONG TO? |  |

**IN CASE OF EMERGENCY**

|             |      |      |              |
|-------------|------|------|--------------|
| PLEASE CALL | HOME | CELL | RELATIONSHIP |
|-------------|------|------|--------------|

**BAPTISM (Include certificate)**

|           |                                                               |
|-----------|---------------------------------------------------------------|
| BAPTIZED? | WHICH CHURCH (Include Address of not at St. John, El Cerrito) |
| DATE:     |                                                               |

**FIRST EUCHARIST (include certificate)**

|                            |                                                               |
|----------------------------|---------------------------------------------------------------|
| 1 <sup>st</sup> Eucharist? | WHICH CHURCH (Include Address of not at St. John, El Cerrito) |
| DATE:                      |                                                               |

**THE SPACE BELOW IS FOR OFFICE USE ONLY**

|                                                                                                                                          |                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Registration form date received:<br>Registration fee paid: Cash - Check #<br>Parental Permission Form: YES / NO<br>Health Form: YES / NO | Required documents if not already filed with St. John's Rectory Office:<br>Baptismal Certificate: YES / NO<br>First Communion Certificate: YES / NO |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

**St. John the Baptist Church**  
**Youth Ministry & Confirmation Program**  
**Covenant**

**Participant Commitment**

I \_\_\_\_\_ agree to the following in order to participate in the St. John the Baptist Youth  
Student's Name (Print) Ministry & Confirmation Program:

- I will arrive on time and come with an open mind and heart.
- I will be respectful of all staff, adult leaders and my peers.
- I will be respectful of the property and pick up after myself.
- I will follow directions and willingly participate in discussions and activities.
- I will notify my instructor & program coordinator if I will be absent from a class for any reason via e/m or cell.
- I will not come to the gatherings under the influence of mind altering substances.
- I will not bring anything illegal to a minor or inappropriate music or video games meetings or gatherings.
- I will not threaten anyone, act violently or inappropriately or use profane language.
- I will remain until the end of meetings or gatherings unless I or my parent/guardian has notified the leader in advance.
- I will act in a Christian manner at all times and respect the opinions of others.

*If I violate any condition of this agreement, I understand that my parents / guardians may be contacted and asked to pick me up immediately. I will not be readmitted into future meetings or gatherings until my parents / guardians, youth ministry leader and I meet to discuss my future participation.*

**Parent Commitment**

I, we \_\_\_\_\_, agree to the following conditions for our son/daughter to participate in St. John the Baptist  
Parent's Name (Print) Youth Ministry & Confirmation Program:

- I will discuss the above terms with my child.
- I will get my child to the meetings & gatherings on time and pick them up from on time.
- I will notify the instructor & program coordinator if my son/daughter is absent from a class for any reason via e/m or cell.
- I will support the efforts of the program instructors and volunteers as I am able to.
- I will pick my child up if called to do so immediately and agree to meet with the instructors and program coordinator at a later time to discuss my child's future participation.
- If my child must leave early, I will notify the instructor & program coordinator via e/m or cell stating the time for pick up.

**Youth Ministry & Confirmation Program Leaders Commitment**

I \_\_\_\_\_, commit to the following to insure meaningful youth ministry:  
Youth Minister's Name

- I will pray for all the participants and volunteers each week.
- I will joyfully prepare for each session in advance and have the gathering space prepared.
- I will work diligently to plan meaningful, engaging interactive gatherings.
- I will be respectful of all present.
- I will strive to be a strong example of Christian virtue.
- I will do my best to help inspire and challenge the participants to grow in their relationship with Jesus Christ.
- I will continue to grow in my faith and experience thru ongoing formation and participation in ministries, other faith based programs, workshops if possible, talks, and networking, etc.

\_\_\_\_\_  
Participant's Signature /Date

\_\_\_\_\_  
Parent's Signature/Date

\_\_\_\_\_  
Youth Minister's Signature/Date

**Parental Permission and Acknowledgement of Conditions for Participating in Program**

1. I/we parents or authorized guardian of \_\_\_\_\_ give permission for his/her participation in Faith Formation in **Youth Ministry & Confirmation** at St. John the Baptist Church. This includes all related activities, including but not limited to transportation to and from events.
2. I/we agree to direct my/our child to cooperate and comply with reasonable direction and instructions from all staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in an event, whether or not caused by the negligence of parish, youth ministry program employees, agents, volunteers or other participants.
4. I/we understand that youth participating in events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by persons or facilities, vehicle accidents while in transport or through the activity itself.

**Release and Waiver of Liability and Indemnity Agreement**

In consideration for being permitted to participate in **Youth Ministry & Confirmation**, use of the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any event or activities whether caused by the negligence of Releases or otherwise.
3. That the participant has read this Agreement, voluntarily signs the Agreement and that no oral representation, statements or inducements apart from the contents of this written Agreement have been made.

**Model Release Statement**

I hereby (**circle one**) **GRANT OR DECLINE** permission for my child(ren) named on this form to be photographed and/or videotaped during Faith Formation (Youth Ministry & Confirmation Preparation) activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary and published and/or broadcast (newspaper, church bulletin, church/diocesan website, etc.) for the purpose of promoting the activities of St. John the Baptist.

I have read this agreement and understand everything written above.

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

DIOCESE OF OAKLAND  
Office of Youth Ministry  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**  
THERE MUST BE A COPY OF THIS FORM AT ALL YOUTH MINISTRY ACTIVITIES  
CHURCH OF ST. JOHN THE BAPTIST

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work#: \_\_\_\_\_

Address if different from above: \_\_\_\_\_ Cell#: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN

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

HEALTH AND MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Plan: \_\_\_\_\_

Plan #: \_\_\_\_\_

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? [ ] Yes OR [ ] No.

State any reasons why you do not want medical care given to your child in an emergency:

\_\_\_\_\_  
\_\_\_\_\_

Has your child had difficulty with the following (circle all that apply):

|        |                 |             |          |           |           |
|--------|-----------------|-------------|----------|-----------|-----------|
| Asthma | Fainting Spells | Convulsions | Diabetes | Menstrual | Digestion |
| Eyes   | Nose            | Ears        | Throat   | Heart     | Lungs     |

Other: \_\_\_\_\_

List any physical restriction or restrictions for any activity on the basis of medical condition:

\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_