

CYO/YOUTH MINISTRY REGISTRATION FORM

Name _____

Address _____

City _____

Home Phone # _____ Parent's cell phone# _____

CYO Member's Cell phone # _____

CYO member's Email Address _____ (please print clearly)

Parent's Email address _____

Parent's Cell phone number _____

Date of Birth _____

School _____ Grade _____

Church Parish _____

Parent's Names _____

Parent's Signature _____

How do you want to be contacted: Email, text, phone call (circle)

List someone you know in CYO _____

To become a member of the CYO, please fill out and return this form to the Church Office. Dues for the fiscal year are \$20.00. **Dues include insurance coverage through the Archdiocese of New Orleans and a CYO t-shirt.**

I, _____, would be interested in driving CYO members to events.

I/we, _____, the undersigned parent(s) of _____, a member of Our Lady of Perpetual Help Parish CYO, hereby grant permission to Our Lady of Perpetual Help Church and/or the Archdiocese of New Orleans to publish and/or print my/our child's name and/or likeness on the Our Lady of Perpetual Help CYO web site on the internet/facebook/and or world wide web.

I/we hereby further release, indemnify and hold harmless Our Lady of Perpetual Help Church/CYO, the Roman Catholic Church of the Archdiocese of New Orleans, their directors, officers, agents, pastor(s), employees and insurers from any and all claims and/or damages on behalf of myself/ourselves and/or our child arising from the publication of my/our child's names, photograph, or likeness on videotape and/or film on Our Lady of Perpetual Help Parish CYO's web site on the internet or the world wide web.

This agreement shall remain in force and effect at all times during my/our child's membership at Our Lady of Perpetual Help Parish CYO.

Father's signature

Date

Print Father's name

Mother's signature

Date

Print Mother's name

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Members Name: _____

Birth Date: _____ Sex: _____ Parent's Email Address: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone Number: _____ Cell Phone: _____ Work Phone: _____

I, _____, grant permission for my child, _____
(Parent or guardian's name) (child's name)

to participate in CYO events that require transportation to a location away from the parish/location site. These activities will take place under the guidance and direction of volunteers from Our Lady of Perpetual Help Parish. Permission slips for individual trips will acknowledge my ongoing consent and furnish specific itineraries for the trip.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above name minor ("Member").

Agree on behalf of myself, my child named herein, or our heirs, successors, ad assigns, to hold harmless and defend Our Lady of Perpetual Help Parish, Belle Chasse, its officers, directors and agents, and the Archdiocese of New Orleans, chaperons, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Our Lady of Perpetual Help its officers, directors and agents, and the Archdiocese of New Orleans, chaperons, or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Parental/Guardian Medical Consent Form

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____

Phone: _____ Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of Our Lady of Perpetual Help, its officers, directors and agents, and the Archdiocese of New Orleans, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself.)

Signature: _____ Date: _____

Medications: If my child is taking medication at the time of an outing, my child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, will be written on the permission slip for that particular outing.

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

OR

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medication Information; Our Lady of Perpetual Help will take reasonable care to see that the following information will be held confidential.

Allergic reactions: (Medications, food, plant, insects, etc.) _____

Immunizations: (Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking bedwetting, fainting?

You should be aware of these special medical conditions of my child: _____

OLPH CYO CODE OF BEHAVIOR

1. No smoking, alcohol, illegal drugs, or foul language will be allowed at any time.
2. **Modest clothing should be worn (both daily-wear and swim-wear). Midriff tops with exposed navels are not allowed, as well as low-cut tops. Clothing with inappropriate wording/slogans is unacceptable. No skimpy bathing suits (thongs, string bikinis, etc.) are allowed. If we feel that your swimsuit is inappropriate, you will be required to wear a t-shirt over it. Shorts must be worn over girls' swimsuits.**
3. If prescription medications are required, written permission signed by a parent or guardian must be given to the CYO Coordinator in-charge. Over-the-counter drugs such as Tylenol, Pepto-Bismol, etc. will be provided if parents have authorized.
4. Boom boxes (anything with speakers) are not allowed; however, headphone walk-man or C.D. players are permitted. Appropriate movies may be brought to view on the bus.
5. When check-in times are established, CYO members are responsible for meeting their group at the specified time and place. Failure to meet deadlines will cause unnecessary delays for the entire group and you will be required to spend the day with your adult supervisor.
6. While on field trips, no one is allowed to leave. Emergencies will be handled on an individual basis.
7. No one is allowed to wander off alone. Partners are required for safety purposes.
8. During overnight visits, the adult coordinator in charge will designate a nighttime curfew. This curfew must be strictly adhered to. Once settled into assigned rooms, everyone must remain there until the designated meeting time in the morning. You will not be allowed to open your door in the morning until an adult notifies you. If an emergency occurs, an adult chaperone and the adult coordinator in-charge must be notified immediately.
9. Any additional fees incurred by members such as, damages, etc. will be the responsibility of the member.
10. Disrespect and disobedience to adult supervisors is strictly prohibited. Also, disrespect to anyone is not allowed.
11. No pranks will be played on other members.
12. Permission slips state ending times; if anyone is to leave early, the permission slip must state such and a parent must pick up the CYO member. No one is allowed to leave early with another youth.
13. **Boy/Girl rules:** No lying on others, cuddling, sitting on others laps, kissing, petting, inappropriate touching, long hugging, no sexual activity of any type is allowed.
14. **CYO t-shirts must be worn on all CYO activities away from OLPH.** This helps the adults to identify the CYO members.
15. When attending a CYO event at an arena, baseball field, superdome, etc. No one will be allowed to wander off alone, everyone must notify their adult chaperone if they must leave their seat, and everyone must have a buddy with them and be back in their seat within 15 minutes.
16. If a member turns in a permission slip for an event and doesn't show up, an adult advisor will call the parents to notify them that their child is not with the CYO.
17. When riding a bus at nighttime, boys will sit on the left side of the bus and girls will sit on the right side.
18. When CYO goes on an overnight event, adults have the right to search an individual's bag if the adult is suspicious of wrong doing.
19. No one will be allowed to lie on the floor of a bus during a trip.
20. All members who attend any CYO function are required to sign in and sign out, stating the time they left and with whom.
21. All CYO members are expected to notify their parents of the time of return for a CYO event and must be picked up with 10 minutes of the return. If you have a cell phone, a reminder call should be made to the parents when we are in the Gretna area.
22. No CYO member is allowed to ride with other CYO members unless their parents are notified.
23. Rules will be prepared and need to be signed yearly by parents and CYO members stating that they understand all the CYO rules.
24. Consequences: to be set by CYO coordinator & pastor.

I HAVE READ AND UNDERSTAND THE "OLPH CYO CODE OF BEHAVIOR" AND AGREE TO ABIDE BY THESE RULES AND GUIDELINES.

Parent or Guardian

CYO Member

Date