

St. Pius X Youth Ministry

23 Crumite Rd | Loudonville, NY 12211

Phone (518) 462-1336 x 2009 Fax (518) 462-1338 | Email: ym@stpiusxloudonville.org

General Information:

Youth Participant: First Name: _____ Last Name: _____

Date of Birth: _____ Class of: _____ School: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Youth Cell Phone: _____

Youth Email Address: _____

Parent/Guardian First Name: _____ Last Name: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Medical Information:

Known Allergies: _____

Dietary Restrictions: _____

Special Medical Conditions: _____

Emergency Contact: Name: _____ Relation to youth: _____

Phone (cell): _____ Phone (other): _____

Emergency Contact: Name: _____ Relation to youth: _____

Phone (cell): _____ Phone (other): _____

I _____, the parent or guardian of _____ agree that the facts contained in this registration are true and complete to the best of my knowledge. I hereby grant permission/consent for the above youth to participate in the St. Pius X Youth Ministry hosted by Saint Pius X Church. I authorize the volunteers, representatives, and chaperones of the St. Pius X Youth Ministry to obtain medical/emergency medical treatment, should it be necessary, during my child's attendance and participation in the ministry. I understand that I will be notified immediately should it become necessary to obtain medical/emergency treatment. I relieve the St. Pius X Youth Ministry, the Roman Catholic Diocese of Albany, and St. Pius X Church of all responsibility and consequences that may arise as a result of this treatment. I will not hold the St. Pius X Youth Ministry, the Roman Catholic Diocese of Albany, or St. Pius X Church liable in the event of injury, further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. I fully understand what is involved in this ministry, and I understand that I have the opportunity to call the Youth Minister to ask him/her about the ministry.

Signature of parent / guardian: _____ date: ____ / ____ / ____

Photo Release:

I _____ (Parent/Guardian) agree that my teen may be photographed/video recorded: I hereby authorize and give my consent for the taking of pictures (movie or still) and for their reproduction or posting on social media (Facebook/Instagram/Twitter/Website) for 1. Teaching Purposes. 3. News Release. 3. Publication. 4. Community Awareness. 5. Publicity and Promotion of Activities. I understand that I and my child are not entitled to any compensation or rights in the materials, and I release the St. Pius X Youth Ministry, The Roman Catholic Diocese of Albany, and St. Pius X Church from any liability for the use of my child's image for the above stated purpose.

Signature of parent / guardian: _____ date: ____ / ____ / ____