



MIDDLE SCHOOL YOUTH GROUP REGISTRATION 2025 - 2026



Teen Full Legal Name: _____
(As it appears on birth certificate) **FIRST** Name MIDDLE Name **LAST** Name

Name Teen goes by: _____ Date of Birth: _____ Age: _____ Gender: _____

Home Phone #: _____ Family e-mail: _____

Teen's Cellular Phone #: _____ T-Shirt Size: _____ (Adult **S**mall, **M**edium, **L**arge, **X-L**arge)

Home Address: _____
Street City ZIP

Name of MIDDLE School: _____ Grade entering in 2025-2026: _____

Does your teen have special needs? please list them: _____

Does your teen have an IEP or receive educational accommodations? _____; if yes, please explain:

Health Conditions we need to know about: _____

Language spoken at home other than English: _____

Adults that Teen Resides with:

	Head of Household	Spouse
Name		
Relationship to child		
Religion		
Cellular Phone #		
e-mail		

Name and address of another parent (if applicable) _____
_____ Full or Join Custody? _____

Check the Sacraments your teen has **already received**:

- Baptism (Catholic) Never Baptized
- First Reconciliation Baptism (Other: Please specify: _____)
- First Eucharist Confirmation

IN CASE OF EMERGENCY, in the event the parents or legal guardian cannot be reached, please contact:

Name: _____ Relationship to teen: _____ Phone #: _____

Do they have permission to take the teen(s) home? Yes _____ No _____

HANDBOOK AND CODE OF CONDUCT ACKNOWLEDGEMENT

<p>Name of the parent/Tutor: -----</p> <p>Parent/Tutor Signature: -----</p>	<p><u>Parent:</u> I agree to instruct my child to abide by all rules and regulations, including the Parish Handbook and Diocesan Code of Conduct for Children and Youth, that are imposed for participation in this program, that are sometimes referred to as a Code of Behavior (“the Code”). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish. This includes the Computer Etiquette Code for our on-line meetings due to COVID-19 (if needed).</p>
<p>Name of the Youth: -----</p> <p>Teen Signature: -----</p>	<p><u>Youth:</u> As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom, internet meetings, and other materials I have received, which also includes the Parish Handbook and Diocesan Code of Conduct for Children and Youth and may be collectively referred to as “The Code”. I understand that my failure to follow the Code will result in my dismissal from the program or event and that I will be sent home at my own or my parent/guardian’s expense. This includes the Computer Etiquette Code for our on-line meetings due to COVID-19. (if needed)</p>

Parent / Guardian Volunteer Interests

- | | | |
|---|------------------------|-------------------------------|
| _____ Youth Nights | _____ Service Events | _____ Social events/ parties |
| _____ Retreats | _____ Retreat/ cooking | _____ Snacks for the evenings |
| _____ Fundraising | _____ Chaperone | _____ Driving for trips |
| _____ Events in the Parish where the Youth participates | | |
| _____ Kitchen Helper | _____ Other: _____ | |

Please NOTE: All Youth Ministry volunteers must be Safe Environment Trained and fingerprinted.

NAME: _____ **Phone #:** _____

E-MAIL: _____



MIDDLE SCHOOL YOUTH GROUP
 St Joseph Catholic Church
 38710 5th Ave Zephyrhills, FL 33542 (813) 782-2813



ANNUAL PARENTAL PERMISSION/RELEASE For Communication and Photos

Method of Communication Release:

During the year your teenager is a member of the parish youth ministry, we do try to keep them up to date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

___ **Yes**, I give _____ (*name of my youth participant*) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:
(Please check and complete all that apply)

- E-mail address _____
- Home phone _____
- Cell phone (when needed during field trips) _____
- Text message _____
- Postal mail _____

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will only be used for the parish youth ministry purposes.

___ **No**, I do not give _____ (*name of my youth participant*) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:
 (please check all that apply)

- E-mail address
- Home phone
- Cell phone
- Text message
- Postal mail

___ I, as **parent/guardian**, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. **My email address is:** _____.

___ **Yes**, I do give permission for the Parish Coordinator of Youth Ministry to share the following information with members of the Parish Youth Ministry Leadership Team for the year 2025-2026. You have permission to share (please check that which you allow to be shared – if an item is not checked, it will not be shared):

- ___ name ___ mailing address ___ home and cell phone number
- ___ e-mail address ___ birthday (day & month, not year)
- ___ **NO, do not share any information**

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Joseph Catholic Parish or media representative.

_____ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

_____ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

PARENT / GUARDIAN CONSENT AND RELEASE:

I consent to my teen being registered in St. Joseph Youth Ministry Program (“**Middle School Youth Group**”). I understand that this program adheres to the teachings of the Roman Catholic Church.

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named below, do hereby release, covenant not to sue, and save harmless: The Most Rev. Gregory Parks, Bishop of the Diocese of St. Petersburg; the above parish, and all employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Participant Name (Name of the youth): _____

Parent/Custodian Name: _____

Signature: _____ Date: _____



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ANNUAL PARENTAL MEDICAL/RELEASE

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HERBY AUTHORIZE THE CHURCH AND IT'S REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2025 UNTIL JULY 31, 2026, AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.**

Youth's Name: _____
 Parent or Legal Guardian's Name: _____ Phone #: _____
 Emergency Contact information: _____ Phone #: _____
 Family Physician's Name: _____ Phone #: _____
 Insurance Co. Name: _____ Medical Insurance: ID number: _____
 Group Number: _____ Cardholder's Name: _____

Health Information:

- * List all medications taken daily and/or regularly: _____
 - * Youth/participant's allergies, if any, including medication and food allergies: _____
 - * Youth/participant's chronic medical problems (e.g. diabetes, epilepsy) : _____
 - * Youth/participant's other physical restrictions or dietary requirements (if any): _____
- Date of Tetanus: _____ Other medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees, that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I will be called collected.

My child may be given: Please circle yes or no:
 Tylenol (yes /no); Ibuprofen (yes / no); Throat lozenges (yes / no); Benadryl (yes / no)

 Name and Signature of Parent/Guardian Date

STATE OF FLORIDA, COUNTY OF _____
 Sworn to and subscribed before me this _____ day of _____ 20____, who [] is personally known to me, or [] who produced the following as identification: _____.

(SEAL)

 Signature of Notary Public

 Commission No. Typed or printed name



MIDDLE SCHOOL YOUTH GROUP
St. Joseph Catholic Church
STUDENT PICKUP AUTHORIZATION



I, _____, parent or legal guardian of:
(Print Full Name)

_____, a student in _____ grade, hereby give
(Print your son/ daughter's Full Name)

my consent to my youth being released from the youth group or any event that the youth group will have during the year 2025 - 2026 to the following individuals:

1. _____
(Print Full Name) (Relationship)

2. _____
(Print Full Name) (Relationship)

3. _____
(Print Full Name) (Relationship)

This authorization shall remain in effect for the entire youth group year or until modified by me in writing. I have informed each of these individuals that should they need to pick up my youth, that they need to be prepared to display their photo identification. Should there be any question regarding this authorization, **I may be reached at: _____.**

(Print YOUR Full Name) Relationship with the youth

(Signature) (Date)