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St. John Vianney Catholic Church, 15176 Blessed Mother Blvd., Fishers IN 46037
Phone: 317- 485-0150 Fax: 317-588-1486 www.sjvfishers.com

St. John Vianney Catholic Church 2017-2018 Youth Ministry Registration

Parent Information:

Father's Name (First, M, L): _____	Mother's Name (First, M, L): _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone Number: _____	Home Phone Number: _____
Father's Cell Number: _____	Mother's Cell Number: _____
Father's Email Address: _____	Mother's Email Address: _____
Home Parish: _____	Home Parish: _____

(Youth Ministry uses email as a major form of communication. Please list most used and accurate email. ☺)

Parent Involvement:

Parent leadership is vital to the success of all SJV Youth Ministry Programs - please circle your area of interest.

Food: YES or NO

Social/Service Activity Chaperone: YES or NO

Student Information:

Student Name (Last, First): _____ Gender: _____ Birthday (mm-dd-yyyy): _____
 Nickname: _____
 Grade (Fall 2017): _____ School (Fall 2017): _____
 Allergic reactions(medications, food, plants, insects, etc.): _____
 Medications child currently takes: _____
 Physical limitations: _____ Does child have a medically prescribed diet? _____
 You should be aware of these special medical conditions of my child: _____

Student Name (Last, First): _____ Gender: _____ Birthday (mm-dd-yyyy): _____
 Nickname: _____
 Grade (Fall 2017): _____ School (Fall 2017): _____
 Allergic reactions(medications, food, plants, insects, etc.): _____
 Medications child currently takes: _____
 Physical limitations: _____ Does child have a medically prescribed diet? _____
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Photo Release:

I, _____, give my consent and understand that photos of my child(ren) (*names will not be used*) may be published in the following:

Parish Media (Website, Newsletters, Bulletin), The Catholic Moment, Facebook, and Instagram.

Father/Guardian Signature and Date

Mother/Guardian Signature and Date

Waiver and Insurance:

We, as parents of the undersigned minor, hereby consent and agree to hold harmless St. John Vianney Catholic Church or the Diocese of Lafayette-in-Indiana Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the High School Youth Group program.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by an adult volunteer. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult volunteer to secure proper treatment for my child.

Parent/Guardian Signature _____ **Date** _____

If parent/guardian cannot be reached, contact: _____

cell #: _____

Accident/Hospitalization Insurance Name: _____

Insurance #: _____

Fees: 1 student is \$20.00 3 or more students is \$50.00. Make checks payable to SJV. Due with registration.

When finished, drop in Sunday Collection or return ASAP to:
St. John Vianney Youth Ministry • 15176 Blessed Mother Blvd. • Fishers IN 46037

Gloria Hughey • Youth Ministry • ghughey@sjvfishers.com