

MARY QUEEN YOUTH MINISTRY  
Youth Registration Form  
2019/20



(6<sup>th</sup> -12 th grade)

Youth Ministry Coordinator: Angie Allen [aallen@cdlex.org](mailto:aallen@cdlex.org) 275-7848

Hispanic Youth Coordinator: Anna Humble [ahumble@cdlex.org](mailto:ahumble@cdlex.org)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ email: \_\_\_\_\_

School \_\_\_\_\_

Please list any extra curricular activities you are involved in: (EX. Dance, archery, Service work, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies and interests: \_\_\_\_\_

Allergies/other considerations: \_\_\_\_\_

**Family Information:**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

**Youth Formation History**

Has youth received baptism? \_\_ Yes \_\_ No

What is your faith tradition/ background? (Catholic, Protestant, Jewish, etc.) \_\_\_\_\_

Has youth received First Communion? \_\_ Yes \_\_ No

Has youth received Confirmation? \_\_\_ Yes \_\_\_ No  
Has youth celebrated Quincinera? \_\_\_ Yes \_\_\_ No

Please indicate years of formation: ( Example: 2016-17 attended regular Sunday morning formation classes) \_\_\_\_\_

**RELEASE OF LIABILITY/RESPONSIBILITY:**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to participate in Mary Queen of the Holy Rosary Youth Program and all its activities. I also give my permission to the adult volunteers; under the direction of my child's program coordinator, to give minor medical treatment (wash with soap and water, and bandage only) to my child in the event of injury (minor cuts, scrapes, burns). I give permission for my child to be receive \_\_\_acetaminophen and/or \_\_\_ibuprofin (check one or both), as needed for minor pain (minor aches and pains.) I will not hold any staff or volunteers of Mary Queen of the Holy Rosary Parish, or the Catholic Diocese of Lexington responsible and/or liable for any illness and/or accidental injury to my child.

Parent or Legal Guardian's name:  
(Print) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date: \_\_\_\_\_

**PHOTOGRAPHY AND VIDEO CONSENT:**

I,/We the parents of this youth(print name) \_\_\_\_\_, authorize and give full consent, without limitation or reservation, to Mary Queen of the Holy Rosary Religious Formation Ministry, to publish any photograph or video in which the above named student appears while participating in any program associated with Mary Queen of the Holy rosary Parish's Formation Ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent's or Legal Guardian's name (print) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date \_\_\_\_\_

**TECHNOLOGY CODE OF CONDUCT ACKNOWLEDGEMENT**

*Diocese of Lexington/Mary Queen of the Holy Rosary Parish*  
I hereby acknowledge that I understand that I am required to read the Catholic Diocese of Lexington Technology Code of Conduct, date May 16, 2011 and will read the Code of Conduct that can be found at: <http://mqhr.org/safe-environment> or that by request I will be provided with a copy. I understand that I may meet with my parish, school, or diocesan leadership to review the code, and review the information with my child. I understand that, upon request I may meet with my Parish, School, or Diocese leadership to review the Code.

Signature of Student: \_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_



