



ST. MARK Middle School Youth Ministry

2024-2025 Registration Form

This form is to register **6th-thru 8th-grade students** to participate in Middle School Youth Ministry events for the **2024-25** school year such as the **MS Kickoff on September 27th**. By filling out this form, you will be put on our regular email and Constant Contact lists. Each student needs to fill out **ONE** of these forms for the entire year.

Though this is NOT a permission form, this form does give parental consent for any event or activity taking place on church property. For activities that take place off **ST. MARK** parish grounds, a separate permission slip will need to be filled out and signed.

Please Print Clearly (ONE FORM PER YOUTH; EACH SPACE MUST BE COMPLETED)

First & Last Name of Youth: _____ Gender (M/F): _____

Name of Parent(s): _____

Address: _____

Home/Emergency Phone Number: _____

Email Address (Parent): _____

Email Address (Youth): _____

Cell Number (Parent): _____

Grade: _____ Date of Birth: _____ School: _____

(Use MM/DD/YYYY format)

Allergies/Relevant Medical Conditions (in case of emergency): _____

Safety: As the participant, I agree to follow all procedures, safety precautions, and rules/regulations set forth by the Diocese & ST. MARK Parish.

Signature of Youth

Date

Parent Volunteer Chaperones & Drivers are needed throughout the year for FUTURE events at ST. MARK and other venues. Please mark below what you may be able to help with:

____ Chaperone* ____ Driver* ____ Bring Snacks ____ Other: _____

***All Chaperones/Drivers must be FULLY compliant (background check and attend VIRTUS class) with the Diocese of Arlington. If you are unsure of your status, please check with Sarah Lundquist, RE/Youth Administrator (slundquist@stmark.org).**

Parental Liability Release:

As parent/legal guardian of the participant named above, I give my permission for this participant to participate fully in Youth Ministry events and activities **taking place on ST. MARK parish grounds**. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in ST. MARK Youth Ministry events while on parish grounds. Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in ST. MARK Youth Ministry events while on parish grounds.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the abovenamed minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

This registration form must be signed by the Youth's parent(s) to make it valid. This form is valid through **August 2025** at which time it will have to be renewed and resigned.

Signature of Parent or Legal Guardian

Date

Please return this signed form at the MS Kickoff or to the ST. MARK Youth Ministry Office if after the Kickoff date.

Parents: If you have any questions/comments, please contact Jamie Cross at 703-938-5656 or jcross@stmark.org.