

ST. MARK High School Youth Ministry 2024 – 2025 Registration Form



ONE FORM PER YOUTH PLEASE

{THIS IS ONLY A REGISTRATION FORM – NOT A PERMISSION FORM FOR ANY YOUTH EVENT OFF ST. MARK PROPERTY}

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

Name of Parent(s): _____

Address (including City & ZIP): _____

Parent(s) Email: _____

Parent(s) Cell #: _____ Home Phone #: _____

Teen Email: _____

Date of Birth: _____ School: _____
(Use MM/DD/YYYY format)

Grade Level (circle one): Freshman (Class of 2028) Sophomore (2027) Junior (2026) Senior (2025)

Allergies: _____

Extra-Curricular Activities (Sports teams, Job, Hobbies, Clubs and Activities):

What are the best ways of contacting you for upcoming events? (Please check all that apply.) **Email** **Text**

I hereby make a personal commitment to abide by the standards of conduct established by ST. MARK Catholic Church and its representatives.

Signature of Youth

Date: (Month/Day/Year)

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 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 Youth Ministry registration form must be signed by the Youth's parent(s) to make it valid. This form is valid through August 2024, at which time it will have to be renewed and resigned.

Signature of Parent

Date: (Month/Day/Year)

Please return this form to the ST. MARK Youth Ministry Office.

Parents: If you have any questions, comments, or would like to volunteer to help out, please contact Jamie Cross at 703-938-5656 or jcross@stmark.org.