## HIGH SCHOOL YOUTH MINISTRY

## ST. BERNARD & ST. MARTIN I 2021 - 2022 REGISTRATION FORM

STUDENT'S NAME	DATE OF BIRTH	SEX	GRADE	PARISH
	/	M F		
	/	M F		
Mother's Name:	Faith:	Name o	of Parish:	
E-mail address (parent)	(Student)_			
Father's Name:	Faith:	Name of Parish:		
Student(s) Home Address:		City		State
Father's Address (If different):		City		_State
Mother's Address(If different):		City		_State
Student(s) Home Phone: Fathe	er's cell/home Phone:		Mother	's cell/home
phone Send important				
Parent or Legal Guardian Signature: X				
Medical Information:				
PLEASE FILL OUT ONE COPY OF THE DIOCESAL IT TO THIS FORM. THANK YOU.	N MEDICAL INFORMATION	ON FORM FO	R EACH CHI	LD AND ATTACH
In case of Emergency, please contact		_ Emergency	Phone #	
Alternate contact:		Phone #		

**Confirmation Preparation Information:** 

Date of Bantism.	O11	D-4
_		Date of First Communion & church, if
different from church list	ed above:	
	Diocesan Image/Med	lia Recording Policy
print and electronic publicity public use of their images.  By signing the Dioc agree that the Catholic Dioc digital recordings of their chany videotape, photograph, may include promotional actorochures. The Diocese of Ethese will remain on the site.  The Catholic Diocese recordings of youth particip use of any images, likeness.  The Diocese of Evadiocesan event. Given the late of the Diocesan Use of Individual who has chose Diocese of Evansville will not is made to protect the ident with photos on our website.  The Diocese of Evansville will not is made to protect the ident with photos on our website.  The Diocese of Evansville will not is made to protect the ident with photos on our website.	esan Event Waiver (or the media tese of Evansville, its employees, child(ren)/ward(s) exclusively for the slide, audiotape, or any other visitivities such as, but not limited to, Evansville reserves the right to dete or used in media materials. The end of Evansville its agents, and employed its in print and electronic form. It is, or recordings, either for initial insville will never sell the image, like arge number of youth participants in mage/Media Recording policy and to opt-out is present in large ever sell images, likenesses, rende it it is of young people (e.g., their for promotional materials). Insville is not the primary planner of the service of the service of the primary planner of the service of the servi	arelease below), parents/guardians give consent and or agents have the right to take photographs, videotape, or e purpose of event/program promotion. Permission to use ual or audio reproduction in which your child may appear websites, social media sites, newsprint, flyers, or termine which images and likenesses are used and how long ployees are given all rights to exhibit images, likenesses, or No financial or other remuneration will be provided for the or subsequent transmission or playback. Reness, or other recording/rendering of participants at any at several diocesan events, individuals may not opt-out as we are not able to determine whether an use group photos. Again, it is important to state that the rings, or other recordings for any purpose, and every effort full names are never published along party recordings made at events in which we participate but or executor. Similarly, the Diocese of Evansville assumes not dings made via personal cellular phones or similar devices.
		dia Release
	at least 18 years of age, have read	and understand The Diocesan Use of Image/Media Recording
•		
•	d am competent to execute this agr	eement.
Policy and this statement, an	d am competent to execute this agr	
Policy and this statement, an Parent/Guardian Name:		Date:

At this time, we are unsure of how refreshments will be handled this year, but we will still take a break half-way through the evening. Therefore, students are encouraged to bring a snack and drink with them to our meetings. We will have bottled water available if someone forgets to bring something to drink.

Thank you.

PLEASE RETURN THIS REGISTRATION FORM AND DONATION TO:

St. Bernard & St. Martin I Parishes 547 Elm Street Rockport, IN 47635 ON OR BEFORE SEPTEMBER 12<sup>TH</sup>.

DONATION: \$20.00 per Student

Office Use Only:	Check #
Amount \$	Date rcvd.: