

# TheQuest SAINT MARY'S YOUTH MINISTRY PROGRAM 2011/12 REGISTRATION

Jr. High / High School Program meets from 7:00 to 8:30 pm on Sunday nights.  
 Youth Mass begins at 6:00 pm on Sunday Nights – ALL are invited to attend.

*Where are you going?*

## STUDENT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_  
 Complete Address \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y / N \_\_\_\_\_  
 Birthday \_\_\_\_\_ E-mail \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Favorite Subject in School \_\_\_\_\_  
 Activities &/or athletics involved in \_\_\_\_\_  
 Favorite Hobbies \_\_\_\_\_  
 Areas I would like to cover in my youth group journey, things I'd like to learn more about, discuss, etc. \_\_\_\_\_

### SACRAMENTS RECEIVED

Baptism  
 Reconciliation  
 Eucharist  
 Confirmation  
 Are you preparing for Confirmation?  
 Y  N

## CONTACT INFORMATION

St Mary Church 1201 Alpine Road,  
 Walnut Creek, Ca. 94596  
 Phil Battaglia, Youth Director 925-324-0213  
 philippbattaglia13@sbcglobal.net  
 www.thequestwc.com

## Meal Sponsorship

There is no fee to join or participate in The Quest, however we ask that each family sponsor (or cosponsor) a meal during the year. Please sign up in Our Space or see an adult team member for more information.

## PARENT INFORMATION

Father's Name Last \_\_\_\_\_ First \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Religion \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y / N \_\_\_\_\_  
 Mother's Name Last \_\_\_\_\_ First \_\_\_\_\_  
 Address (if different) \_\_\_\_\_  
 E-mail \_\_\_\_\_ Religion \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Text? Y / N \_\_\_\_\_

## Confirmation Prep

If you are in the 9th grade or older and have not yet received the Sacrament of Confirmation, our program qualifies as the first year of a two year religious education requirement. Please indicate in the box on the left that you are preparing for Confirmation so we can certify your first year in the program.

## PHOTO WAIVER

**PHOTOGRAPHY WAIVER:** I understand that my child's photograph may be taken during the course of youth ministry events. By initialing below I provide consent for his/her picture to be used in either print or electronic form for the promotional purposes of future retreats and youth activities as well as the church bulletin.

## SIGNATURE

Parent /Guardian \_\_\_\_\_

# The Quest

## Parental Permission and Acknowledgement of Conditions for Participation in Program

I agree to be responsible for all medical expenses relating to the injury of the aforementioned student as a result of his/her participation in any Youth Ministry activity, whether or not caused by the negligence of the Parish, Youth Ministry program employees, agents or volunteers or other participants.

I understand that children participating in Youth Ministry activities risk injury to the body, psyche, or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreations facilities, vehicle accidents while in transport or through the activity itself.

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of the Youth Ministry program, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether cause by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in the Youth Ministry activities in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any Youth Ministry activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement, and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Parental Permission, Health Authorization & Disaster Release Agreement in its entirety and understand everything written therein.

---

Signature of Parent or Guardian

Date

---

Signature of Parent or Guardian

Date

**St. Mary Church**  
**Walnut Creek, California**

# The Quest

**DIOCESE OF OAKLAND**  
**ST. MARY PARISH – WALNUT CREEK, CA**  
**YOUTH MINISTRY PROGRAM**  
**PERMISSION, HEALTH AUTHORIZATION & DISASTER RELEASE FORM**

**STUDENT'S NAME:** \_\_\_\_\_

I, the parent/guardian of the above named child hereby give permission for said child to participate in St. Mary Youth Ministry programs. I agree to direct said child to cooperate with and conform to reasonable directions and instructions of Youth Ministry staff or adult volunteer leaders. In the event I cannot be reached in an emergency, I hereby give permission for my child's *Youth Ministry Directors* to authorize by his/her signature whatever medical treatment may be deemed necessary by the attending physician for my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MEDICAL PLAN: \_\_\_\_\_ PLAN #: \_\_\_\_\_

If you do not want medical care given to your child, state reason:  
\_\_\_\_\_

**MUST BE COMPLETED BY PARENT OR GUARDIAN**

Has your child had difficulty with any of the following? (Circle all that apply)

Diabetes      Throat      Fainting Spells      Lungs      Convulsions

Heart      Asthma      Eyes      Ears      Nose

Allergy or reaction to any medication \_\_\_\_\_

Sport restriction \_\_\_\_\_

Any condition now requiring medication \_\_\_\_\_

Name of medication/s \_\_\_\_\_

Any restriction of activity for medical reasons \_\_\_\_\_

**PERSON OTHER THAN PARENT TO NOTIFY IN CASE OF EMERGENCY/DISASTER**

I am giving my permission for my child to be kept at the St. Mary Parish facility (or alternative authorized site if safety dictates) until I, or one of the people listed below, arrive to pick him/her up.

LOCAL CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

OUT OF STATE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE SIGN AND DATE ON REVERSE SIDE**

**St. Mary Church**  
**Walnut Creek, California**