

Mary Queen of Peace Parish Youth Group Registration

First Name _____ Last Name _____ Grade _____
Date of Birth _____ Age _____ Male or Female (circle)
Home Address _____ City _____ Zip _____
Home Phone _____
Student's Cell Phone _____ Student's E-mail _____
Father's Name _____ E-mail _____
Home Phone _____ Cell Phone _____
Mother's Name _____ E-mail _____
Home Phone _____ Cell Phone _____

**What is the best way to contact you?
Circle all that apply**

Text message Email Facebook Phone

Are you a registered member of Mary Queen of Peace Parish? Yes ___ No ___
Are you Catholic? Yes ___ No ___

Which Sacraments has your child received?

Baptism Yes ___ No ___	1st Reconciliation Yes ___ No ___
Confirmation Yes ___ No ___	1st Communion Yes ___ No ___

Class registering child for: **Jr High High School**

Tuition grades K-12: \$20 Family \$15 for Bible (sacrament prep) \$25 RCIA

Total due _____ **Amount paid** _____ **Ck #** _____ **Cash** _____

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Please, sign below if you **DO NOT** want us to use your child's photo.

WAIT! The reverse side of this form **must** be completed...

Parental/Guardian Consent Form and Liability Waiver
120 South 34th, Billings MT, 59101 (406) 259-7611

Religious Education Seventh through 12th Grade

This one form will be used for the entire Religious-Ed year from September 1, 2023 through August 31, 2024. This form will cover any activities that take place in the Billings area in conjunction with the Mary Queen of Peace Youth Group programs. A separate Parental/Guardian Consent Form Waiver will need to be completed and signed for out of town or other activities.

Dependent's Name _____

(From registration on the reverse side of this form)

I _____ grant permission for my dependent, _____
(Parent or Guardian) (Dependent's Name)

To participate in parish ministry events that may require transportation to a location away from the parish site. These activities will take place under the guidance and direction of parish employees and/or volunteers from Mary Queen of Peace. As parent and/or legal guardian, I remain legally responsible for any personal action by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend, Mary Queen of Peace Parish, it's officers, directors and agents, the Diocese of Great Falls-Billings, chaperones, or representatives associated with these events, arising from or in connection with my child attending these events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, it's officers, directors, agents, the Diocese of Great Falls-Billings, chaperones, or representatives associated with these events for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ **Date** _____

(Parent or Guardian Signature)

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of any emergency: if you are unable to reach me at the phone numbers listed on the reverse side of this form; **Please Contact:**

Emergency Name: _____ **Relationship** _____

Emergency Phone Numbers: work _____ cell _____

Emergency Name: _____ **Relationship** _____

Emergency Phone Numbers: work _____ cell _____

Emergency Name: _____ **Relationship** _____

Emergency Phone Numbers: work _____ cell _____

Doctor: _____ **Phone:** _____ **Hospital Preferred:** _____

Family Health Plan Carrier: _____ **Policy #:** _____ **Group #:** _____

Medications: My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: _____

Allergic Reactions: (Medications, foods, plants, insects, etc) _____

Physical Limitations: (List your child's physical limitations) _____

Dietary Reactions: (Does your child have a medically prescribed diet?) Yes No If yes, please explain: _____