

Fee: \$15/student
\$30/family

ST. PIUS X REGISTRATION
JUNIOR HIGH AND HIGH SCHOOL YOUTH GROUPS

OFFICE USE
Paid:

STUDENT'S FULL NAME _____
BIRTHDATE _____

STUDENT ONE

CELL PHONE _____ EMAIL _____

SCHOOL _____ GRADE IN FALL _____ DATE OF BAPTISM _____

CHURCH ADDRESS _____ OF _____ BAPTISM _____

ALLERGIES/MEDICATIONS/CONCERNS

Have you received the sacraments of Reconciliation? _____ First Eucharist? _____ Confirmation? _____

If no, are you seeking any of these sacraments this year? _____ Which ones? _____

STUDENT'S FULL NAME _____
BIRTHDATE _____

STUDENT TWO

CELL PHONE _____ EMAIL _____

SCHOOL _____ GRADE IN FALL _____ DATE OF BAPTISM _____

CHURCH ADDRESS _____ OF _____ BAPTISM _____

ALLERGIES/MEDICATIONS/CONCERNS

Have you received the sacraments of Reconciliation? _____ First Eucharist? _____ Confirmation? _____

If no, are you seeking any of these sacraments this year? _____ Which ones? _____

STUDENT'S FULL NAME _____
BIRTHDATE _____

STUDENT THREE

CELL PHONE _____ EMAIL _____

SCHOOL _____ GRADE IN FALL _____ DATE OF BAPTISM _____

CHURCH ADDRESS _____ OF _____ BAPTISM _____

ALLERGIES/MEDICATIONS/CONCERNS

Have you received the sacraments of Reconciliation? _____ First Eucharist? _____ Confirmation? _____

If no, are you seeking any of these sacraments this year? _____ Which ones? _____

Parent/Guardian Information:

Head of Household _____ Relationship to
Students _____

Place of Work _____ Work Phone _____ Cell Phone _____
Religion _____

Spouse _____ Relationship to
Students _____

Place of Work _____ Work Phone _____ Cell Phone _____
Religion _____

Address _____ **Zip** _____ Home
Phone _____

Family Email Address:

I would rather be contacted:

- By Email
- By Cell Phone
- By Home Phone
- By Written Notice

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
ST. PIUS X PARISH
717 18th Street West, Billings, MT 59102 406-656-2522 Parish Office
406-656-5430 Youth Minister's Office
JUNIOR HIGH & HIGH SCHOOL YOUTH GROUP

This one form will be used for the entire Youth Group year from September through August. This form will cover any activities done in the Billings area on Youth Group night. A separate consent form/waiver will need to be completed and signed for out of town activities or overnight activities.

Participant's Name _____ Birth date _____ Gender _____

Participant's Name _____ Birth date _____ Gender _____

Participant's Name _____ Birth date _____ Gender _____

I, _____ grant permission for my dependent(s), _____,

_____, and _____ 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 St. Pius X Parish. As parent and/or legal guardian, I remain legally responsible for any personal actions 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 St. Pius X Parish, it's offices, directors and agents, and 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 and agents, and 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 _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child(s) 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(s) 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 above numbers, contact:**

Emergency Name _____ **Phone** _____

Relationship to Child(s) _____

Family Doctor _____ **Hospital Preferred** _____

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

Are there any physical limitations for child(s)? _____

Does your child(s) have a medically prescribed diet? If yes, please explain: _____

THANK YOU FOR YOUR ATTENTION REGARDING THIS FORM!

ST. PIUS X STUDENT COMMITMENT

I agree that I am coming to St. Pius X Youth Group because I am excited about growing in my faith, excited about having fun in and with my faith, and excited about sharing my faith with others.

I am committed to:

- A lifestyle befitting one who is a role model.
- Being an example of proper behavior during worship services, programs and activities.
- Respecting, caring and supporting each person in the group. This means that in turn, I will be respected, cared about, and supported.
- Sharing my experiences. Sharing is essential and although silence is respected, my thoughts, feelings, and experiences are the life stuff of this group.
- Accepting people and avoiding making judgments about them.
- Agreeing that confidentiality in small or large groups is essential. Confidentiality allows each person to share honestly, without fear of rejection or shame.
- Not forcing my viewpoint on others by having an overbearing attitude or dominating the sharing.
- Being present at youth group meetings.

I understand that if I do not fulfill my commitments, or if I act with behavior not befitting my church or my faith, I will be asked to meet with my parents and youth minister; or depending on the severity of the behavior, be asked to leave the youth group. I have read and understood all the above and accept these commitments.

Student signature _____

Parent signature _____

Date _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to St. Pius X Parish to use the image of my child(s), _____, _____, and _____ as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters; videos, and digital images such as those on the St. Pius X Catholic Church website and the St. Pius X Youth Group Facebook Page (this is a restricted group, only open to approved members).

- Deny permission to use my child's image at all.

- I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that St. Pius X Parish, for a variety of purposes, may use these images and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and mail or fax the original to:

Jessica Westberg
Director of Youth Ministry
St. Pius X Parish
717 18th Street West
Billings, MT 59102
656-5430 phone
656-2584 fax
Church website: www.stpiusxblgs.org