

Holy Cross Youth Ministry Participant's Registration

Valid through
June 2008 — Sept 2009

Participant: _____

Parent/Guardian: _____

Telephone—Father:(Day) _____ (Eve) _____ (Cell) _____

Telephone—Mother:(Day) _____ (Eve) _____ (Cell) _____

Address: _____
Street City Zip

Email: _____

In case of emergency and the above person(s) *can not* be contacted, please notify:

Name: _____ Relationship _____

City of Residence: _____ Telephone _____

Medical Authorization

I/we the parents or legal guardian of _____, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgement of the physician.

Date: _____ Signature: _____ Relationship: _____

Does this young person, to your knowledge, smoke or chew tobacco? Yes No

Birth date of minor: _____ Last Tetanus Shot: _____

Social Security Number: _____

Allergies: _____

Medications: _____

Family Physician: _____ Phone (____) _____

Insurance Co.: _____ Policy/Med Record #: _____

(over)

Community Agreement For All Participants

Holy Cross Youth Ministry community has acknowledged the following mores for their community. Further, like any community, they have committed to hold members of their fellowship accountable to its mores.

1. Violent behavior;
2. Inappropriate sexual behavior;
3. Possession and/or use of illegal drugs;
4. Leaving a function early without notifying an advisor;
5. Disregard for another person or property.

Consequence of violating a mores:

The participant will have broken the trust of the community and will be asked to leave the community until the participant and community have re-established a trusting relationship. The participant will be sent home C.O.D. in the event we are away on a Youth Ministry event.

Signature of participant: _____ Date: _____



Social Norms: Are group-shared expectations or rules about conduct.

Mores: Are not open to question. The community member so thoroughly internalizes the mores that she or he seldom thinks of them consciously as rules.

Please Note: Although the Youth Ministries Team does not condone or encourage the use of tobacco, we realize that this is a strongly addictive substance and young people need the support of a community in order to kick their habit. Therefore, we will *not* turn a young person away or keep a person out of the group because they use tobacco, but we also expect that all young people will honestly communicate to their parent(s) or guardian(s) that they in fact use tobacco.

To this end, a parent/guardian who does not know (and affirm that knowledge on the front side of this form) that their legal minor does use tobacco, said young person will be asked *not* to use tobacco while participating in any youth ministry event or function.