

<b>Family Name</b> _____		
<b>Address</b> _____		
<b>Father's Name</b> _____	Legal or Custodial Parent	<b>Mother's Name</b> _____
Religion: _____	Religion: _____	
Email Address: _____	Email Address: _____	
Telephone: Home _____ Cell _____	Telephone: Home _____ Cell _____	

For routine correspondence, I prefer to be contacted by (check all that apply) :    Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name and Information	Birth Date	Age	School	Grade In Fall	Baptized (yes/no)	Eucharist (yes/no)	Reconciliation (yes/no)	Confirmed? (yes/no)	Program Enrolling in*
Student: _____									
Any medical information or special needs we need to know?									
Student: _____									
Any medical information or special needs we need to know?									
Student: _____									
Any medical information or special needs we need to know?									

If I cannot be reached during an emergency, call \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

In addition to the above, my child can also be released to \_\_\_\_\_ relationship \_\_\_\_\_

**I give permission:**    for my child(ren's) photograph and/or video to be taken in any event and to be displayed within the church and in church publication/website     yes     no  
    for my child(ren's) work (art, essays, etc.) to be shared, displayed, and/or published     yes     no

**As Legal Guardian:** I grant Theresa Andary, Youth Formation Coordinator, permission to use email, Facebook Page, Twitter, Instagram, Zoom, and Remind Texting with my child     yes     no

child's name and email address \_\_\_\_\_

child's name and email address \_\_\_\_\_

child's name and email address \_\_\_\_\_

**\*See Back for Programs**

**Continues on the Back!**

# Prince of Peace—Youth Group Registration

I am willing to volunteer as (circle areas interested in): High School Youth Group Core Member      Middle School Youth Group Core Member      Retreat Leader  
 Service Project Leader/Chaperone      Social Events Chaperone      Confirmation Prep Facilitator      Hospitality (food donations, etc.)

- \* Programs available include: 1. High School Youth Group 9<sup>th</sup> – 12<sup>th</sup>      2. Middle School Youth Group 6<sup>th</sup> – 8<sup>th</sup>      3. Confirmation (7<sup>th</sup> grade and older)  
 4. Virtual High School Youth Group 9<sup>th</sup> – 12<sup>th</sup>      5. Virtual Middle School Youth Group 6<sup>th</sup> - 8<sup>th</sup>

Registration Fee: \$25/child or \$75.00/family      Please make checks payable to: Prince of Peace      \* Scholarships are Available \*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Registered Parishioner Yes / No

Check No \_\_\_\_\_ Cash \_\_\_\_\_

**MEDICAL TREATMENT RELEASE FORM**  
Prince of Peace Catholic Church

**ONE PER CHILD**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of child: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reason for which release is intended: **Youth Faith Formation, social events, retreats, other events**

Address of Child: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List allergies, medication, contact, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data:**

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

Company Address: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent or Guardian)





# DIOCESE OF GRAND RAPIDS

## MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

### RELEASE

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. ***I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).***

Yes, I grant permission for release

No, I do not grant permission for release

Signature of Individual (if 18 or older): \_\_\_\_\_

Date: \_\_\_\_\_  
\*\*\*\*\*

Name of Parent/Legal Guardian (print): \_\_\_\_\_  
(if individual is under 18 years old)

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

If individual referenced above is under 18, please indicate your relationship to that person: \_\_\_\_\_

\*Once completed, please return this form to your parish/school administration office