

Prince of Peace—Youth Discipleship Registration

2023-2024

In order for youth ministry to thrive we are in need of volunteers! Please circle which areas you would be interested in volunteering and someone will reach out to you!

I am interested in volunteering as: High School Discipleship Group Leader Middle School Discipleship Group Leader Retreat Leader

Service Project Leader/Chaperone Social Events Chaperone Confirmation Prep Facilitator Hospitality (food donations, etc.) Prayer Ministry

We are always looking for teen volunteers for many of the ministries at the parish! They can get service hours for Volunteering! Please circle the ones your teen is interested in and we'll talk to them! It is our hope to start a youth mass this year which means we'll need teen volunteers for the different mass ministries!

My Teen is interested in volunteering as a: Mass Lector (Confirmed) Altar Server Music Ministry (Choir or Instrument) Usher

Mass Technology Office/Youth ministry Aid Middle School youth group teen leader (9-12 grade) CGS Aid VBS Volunteer

Registration Fee: \$40.00/child or \$90.00/family Please make checks payable to: Prince of Peace with Youth Discipleship Registration in the memo

* Scholarships are Available * *Adult Volunteer—Teen fees are waived*

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 Ministry Faith Formation, Social Events, Retreats, other Youth Ministry 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