

“Start children off on the way they should go, and even when they are old they will not turn from it.” – Proverbs 22:6

St. Patrick’s Youth Program 2021-2022 Registration Form (PreK – 12)

Parent Information

Parent’s Name _____ Email address _____
 Address _____ City _____ State _____ Zip _____
 Phone #'s: Home _____ Work _____ Cell _____

Youth Information

Youth’s Name	Grade	Baptism?	Eucharist?	Confirmation?	Cell #	Medical Concerns
_____		Y N	Y N	Y N	_____	_____
_____		Y N	Y N	Y N	_____	_____
_____		Y N	Y N	Y N	_____	_____
_____		Y N	Y N	Y N	_____	_____
_____		Y N	Y N	Y N	_____	_____
_____		Y N	Y N	Y N	_____	_____

**Unless otherwise noted, we will add you to a Flocknote Group that sends phone updates about cancellations & events.

What is the best phone # for this Group? _____

____ YES, I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

____ YES, in the event it comes to the attention of the archdiocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

The undersigned do hereby release, forever discharge and agree to hold harmless St. Patrick’s Parish and the Archdiocese of Omaha from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned’s minor child(ren).

The undersigned further agree to indemnify and hold harmless St. Patrick’s Parish and the Archdiocese of Omaha and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the youth ministry events on St. Patrick’s property or in the vicinity of O’Neill, NE (restaurants, cookouts, etc.).

Signature of Parent _____ Date _____

Cost: \$50.00/family _____ Cash _____ Check # _____ Other _____