***American Martyrs Youth Ministry***

**YOUTH ACTIVITIES CONSENT FORM (PLEASE PRINT CLEARLY)**

Name of youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Other person and/or number to call in emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your youth have allergies?

Please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parental Volunteer** \_\_\_\_\_\_ Yes, I am interested in being a volunteer in the Youth Ministry Program. (Parental volunteering has a variety of opportunities: (a) provide snacks, (a) stay to assist in the activities, (c) events planning committee). Adults involved in the youth program will complete Virtus Training.

**Grades of Youth Participants: Grades 6th through 12th**

**Youth Minister Contact Information:**

**Cynthia Macias** (646) 361-6681 (Text or Call)

**\*Meetings are Fridays at 6:30 to 8:30 p.m. twice a month in the Murray Center. Please see the Youth Ministry Calendar for dates and details.**

**TURN PAPER OVER**

**Consent and Certification**

* I consent to the participation of my youth in all the scheduled youth activities of American Martyr Catholic Church.

**Note to Parent**: If this consent has restrictions of activities, please specify below:

* I release and hold harmless AMYM, their representatives and the Diocese of Brooklyn of all claims and responsibility for injury which could occur during the course of AMYM events.
* Although every attempt will be made to contact me during AMYM events, in case of medical emergency, I authorize the parish and representatives to obtain any emergency medical treatment which my child might require.
* I understand that photos or video may be taken during events and that the photos and or videos may be used to publicity on the youth group, parish or diocesan websites or in bulletins or other printed material.

Signature of parent/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**Transportation: Please specify how your child will arrive and leave for youth ministry (check all the apply below)**

**\_\_\_\_\_**My child may walk

\_\_\_\_\_I or a designated person will pick up my child.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_