



## Youth Ministry Registration 2021 - 2022

### STUDENT INFORMATION

NAME \_\_\_\_\_  
Last First

DATE OF BIRTH \_\_\_\_\_  
Month Day Year Age at registration

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
# Street City/State Zip

### CONTACT INFORMATION

FAMILY Email \_\_\_\_\_ STUDENT Email \_\_\_\_\_

CELL Phone \_\_\_\_\_  
Mother's Father's

### PARENT INFORMATION

MOTHER'S Name \_\_\_\_\_ FATHER'S Name \_\_\_\_\_

### REGISTRATION CHECK LIST

- This is my child's Inquiry Year (first year of High School Youth Ministry)  
 -Registration Fee: \$200 (check payable to CTK)
- This is my child's Sacramental Prep year (preparation to receive Confirmation)  
 -Completed Inquiry Year  
 -Registration Fee: \$200 (check payable to CTK)  
 -Mother's Maiden name \_\_\_\_\_ (for sacramental records)  
 -Copy of Baptismal Certificate (**REQUIRED**)
- My Child is a returning member of Christ the King Youth Group or is not currently seeking Confirmation



## MEDICAL & EMERGENCY INFORMATION MEDIA RELEASE FORM

IN THE EVENT OF A MAJOR DISASTER, CHILDREN WILL BE BROUGHT TO CTK PARISH HALL UNTIL PARENT OR ASSIGNED ADULT SIGNS FOR AND PICKS UP CHILD/CHILDREN.

### EMERGENCY CONTACTS

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON **OTHER THAN PARENT** TO NOTIFY IN CASE OF EMERGENCY:

\_\_\_\_\_  
Name (first & last) Relationship to Child PHONE \_\_\_\_\_

### MEDICATION & ALLERGIES

Medications taken on regular basis \_\_\_\_\_

Known food or drug allergies \_\_\_\_\_

I/We, the undersigned parent (s) or legal guardian (s) of minor child/children named above, do hereby authorize a representative of CTK RE as agent (s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered to be under general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgement may deem advisable. This authorization shall remain in effect until May 31, 2022, unless sooner revoked in writing and delivered to the above-mentioned agent(s).

I understand that CTK R.E. does not assume responsibility for payment of a physician in any case. However, in an emergency, CTK R.E. may call 911 and my child may be transported to the nearest hospital with no cost to the Church. Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

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

\_\_\_\_\_  
City

IF YOU DO NOT WANT MEDICAL CARE GIVEN TO YOUR CHILD, STATE REASONS: \_\_\_\_\_

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### MEDIA RELEASE INFORMATION

We are asking you to sign this permission form to allow us to share the good things your children are involved in at the Church and in their Youth Ministry sessions. The pictures and/or videos may appear on social media (Instagram, Twitter, ministry website, etc.) We sometimes have pictures in the Parish Bulletin and on slides during Prayer Services. Please do not hesitate to call if you have any concerns.

I authorize pictures/videos of my child/children to be posted in the Parish Bulletin or Prayer Services at Christ the King Church:

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

\_\_\_\_\_  
Parent Name (Please Print)