



Chosen Youth Ministry

CONTACT INFORMATION

2023-2024

Saint Thomas More University Parish
1200 Oakland Avenue
Indiana, Pennsylvania 15701

Saint Bernard of Clairvaux Parish
and 200 Clairvaux Drive
Indiana, Pennsylvania 15701

Please drop off this contact information form and the diocesan release form with payment of \$35 per child by September 10th, 2023.

Please turn in all forms to STMUP Parish Office.

Full Name _____

Age _____ Date of Birth _____

Grade _____ School _____

Father's Name _____

Mother's Name _____

Or Legal Guardian's Name _____

Special circumstances of which we need to be aware:

Mailing Address:

List any allergies and/or medical conditions for which we need to be aware:

Parish of Registration: _____

Sacraments:

Church of Baptism _____ Date of Baptism _____

Have you been confirmed? _____

Best Parent E-Mail Contact Address: _____

Father's Cell Phone: _____ - _____ - _____ Mother's Cell Phone _____ - _____ - _____

Do we have your permission to text and/or e-mail you and your child? Yes No

Youth E-Mail address: _____

Youth Cell Phone: _____ - _____ - _____

If you have multiple children, please fill one contact form for each child.

Please drop your registration form with payment of \$35 per child by September 10th, 2023.

Please turn in all forms to STMUP Parish Office.

For any questions or comments please contact Rachel Digmon at
rdigmon@dioceseofgreensburg.org or at (724) 463-2277 ext. 120.

In ONLY the event of an emergency, contact (530) 680-8470.

DIOCESAN PERMISSION, RELEASE, AND ASSUMPTION OF RISK FORM

Parish Information and Event Description (Parish to complete)	
Parish Name: St. Bernard of Clairvaux Parish & St. Thomas More University Parish	
Parish Address: 200 Clairvaux Drive & 1200 Oakland Ave	Telephone: 724-463-2277
Event Supervisor: Rachel Digmon	Email: rdigmon@dioceseofgreensburg.org
Event: Youth Ministry	Date and Time: 6th-12th grade Sundays 5-7pm; 9th-12th grade Thursdays 6-8pm
Type of Transportation: Own	Cost: \$35 per child
Personal Information (Parent/Guardian to complete)	
Student 1 Name:	Date of Birth:
Current School:	Grade:
Student 2 Name:	Date of Birth:
Current School:	Grade:
Student 3 Name:	Date of Birth:
Current School:	Grade:
Parent/Legal Guardian Name:	Telephone:
Home Address:	Email:
Emergency Contact Name:	Telephone:
Emergency Contact Name:	Telephone:
Insurance Company:	Policy No:
Medical Illnesses or Allergies:	Prescription Medication:
Permission Form	
<p>I hereby consent to participation for the above-named child(ren) in the event described above. I understand that if stated, this event will take place away from the Church grounds and that my child(ren) will be under the supervision of the designated parish employee on the stated date(s). I further consent to the conditions stated above on participation in this event, including the method of transportation. In case of emergency, we give permission for our child(ren) to be treated at a hospital and/or by a medical doctor.</p>	
Parent/Legal Guardian Signature: X	Date Signed:

Waiver Authorization (Parent/Guardian to complete)	
<i>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</i>	
<p>In consideration for providing my child(ren) the opportunity to attend formation and parish activities and any related transportation to and from the parish, both my child(ren) and I voluntarily agree to release and agree to hold PARISH AND DIOCESE OF GREENSBURG harmless from, and waive on behalf of myself/my child(ren), my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child(ren) that may be caused by any act, or failure to act of the PARISH AND DIOCESE OF GREENSBURG or that may otherwise arise in any way in connection with my child(ren)'s attendance at a parish/diocesan event to the fullest extent allowed by law.</p> <p>I understand that this release discharges the PARISH, AND DIOCESE OF GREENSBURG from any liability or claim that I/my child(ren), my heirs, or any personal representatives may have against the parish/ diocese with respect to any bodily injury, illness, death, or medical treatment that may arise from, or in connection to, my child(ren)'s attendance at the parish or event.</p> <p>This liability waiver and release extends to the PARISH, AND DIOCESE OF GREENSBURG together with its clergy, staff, and volunteers.</p> <p>I certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.</p>	
<p>Parent/Legal Guardian Signature:</p> <p>X</p>	<p>Date Signed:</p>
PHOTOGRAPHIC RELEASE (Parent/Guardian to complete)	
<p>I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:</p> <ol style="list-style-type: none"> 1. To include such photographs on the Diocese of Greensburg website, Parish website, and on print material 2. To use the name of the minor on whose behalf I am signing, in connection with the foregoing. <p>I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.</p> <p>I hereby certify that I am the above said minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.</p>	
<p>Parent/Legal Guardian Signature:</p> <p>X</p>	<p>Date Signed:</p>

Internal Use Only	
Waiver Received By:	Date Received: