

### **OUR LADY OF GUADALUPE LITTLE FLOWERS GIRLS' CLUB**

### **REGISTRATION FORM**

Participant Name:		Age:
Current Grade:	School:	
Mother's Name & Cell #:		
Father's Name & Cell #:		
Primary E-Mail for Little Flowers Group:		
Address:		
Emergency Contact Name & Cell #:		
Member of Our Lady of Guadalupe Paris	h: YESNO	
Known Allergies: List all Food / Drug/ Environmental Aller	gies:	

List any other concerns or issues you feel we should be aware of concerning your daughter:

Names of people who have permission to pick-up my child: (Your child cannot be picked up by anyone who is not listed on this form unless you call or text Lisa Kopertowski, prior to the start time of our meetings, and advise the name of the person that will be picking up your child.)

Name (s)/Cell Number(s):

I hereby give permission for pictures of my daughter taken during Little Flowers Girls' Club events to be posted on the parish Website, Our Lady of Guadalupe social media and/or weekly parish bulletin. YES \_\_\_\_\_ NO \_\_\_\_\_

Do you wish to help when needed at our meetings? YES\_\_\_\_\_ NO \_\_\_\_\_

Do you have your clearances with the Archdiocese of Philadelphia: YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*If you would like to get your clearances, please contact Lisa Kopertowski/Director of Youth & Young Adult Ministry, to help you facilitate your clearances.

Registration Fee: \$35.00 – Check made payable to Our Lady of Guadalupe or cash payment.

If cost is an issue, please contact Lisa Kopertowski at <u>youthministry@olguadalupe.org</u>. We don't want any girl to miss this wonderful opportunity because of financial difficulty.

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

Printed Name: \_\_\_\_\_\_

Date: \_\_\_\_\_



## Our Lady of Guadalupe / Youth Ministry Program

#### **MEDICAL INFORMATION & LIABILITY RELEASE**

Student Name:				Birth Date		
	First	Middle	Last			
Address:						
Street	City	Stat		Zip		
Home Phone	:					
		ENUMBERS: Phone number of the provident		ur youth ministry leader can re- events.	ach a parent or an	
Parent/Legal	Guardian:	Name/Cell		Home:		
Emergency C	ontact:	Name		Phone:		
MEDICAL INS						
		ince Group Name				
MEDICAL INF	ORMATION	<u>l</u> :				
Family physician's Name				Phone		

Please list here any issues with your daughter that you feel we should be made aware of so that we understand

what she may be dealing with that you feel would be important for us to know ? (Emotional, behavioral,

psychological, divorce, bullying, etc.)

In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Our Lady of Guadalupe Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability:

Signature of Parent or Legal Guardian



# **ARCHDIOCESE OF PHILADELPHIA**

## **Consent Form: Posting Pictures/Videos of Minors**

# Parish Organization: YOUTH MINISTRY Parish: OUR LADY OF GUADALUPE

# In order to protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check the one which applies)

\_\_\_\_\_ I give my permission for my child's picture, with name, to be posted on the parish website, parish social

network page and/or church bulletin, associated with this parish organization.

\_\_\_\_\_\_ I give my permission for my child's picture, without name, to be posted on the parish website, parish social network page and/or church bulletin, associated with this parish organization.

\_\_\_\_\_ I do not give permission for my child's picture to be posted on the parish website, parish social network page and/or church bulletin.

\_

Name of Child

Name of Parent/Guardian - please print

(<mark>Date)</mark>

Signature of Parent/Guardian