



# BLUE KNIGHTS Boys' Club

Crusaders for Virtue

## OUR LADY OF GUADALUPE BLUE KNIGHTS BOYS' CLUB REGISTRATION FORM

Youth Participant's Name:

\_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name & Cell #:

\_\_\_\_\_

Father's Name & Cell #:

\_\_\_\_\_

Primary E-Mail for Blue Knights Group:

\_\_\_\_\_

Address:

\_\_\_\_\_

Emergency Contact Name & Cell #:

\_\_\_\_\_

Member of Our Lady of Guadalupe Parish: YES \_\_\_\_\_ NO \_\_\_\_\_

**Known Allergies:** List all Food / Drug/ Environmental Allergies:

\_\_\_\_\_

\_\_\_\_\_

(See reverse side)

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

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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 Lisa Kopertowski, prior to the start of the meeting, and advise her of the name of the person prior to the start of a meeting.)

Name / Cell Number(s):

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I hereby give permission for pictures of my son taken during Blue Knights Boys 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.) This cost will cover any book supplies, food, drinks, crafts, etc., during the year. If cost is an issue, please contact Lisa Kopertowski at [youthministry@olguadalupe.org](mailto:youthministry@olguadalupe.org). We don't want any boy to miss this wonderful opportunity because of inability to pay.

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

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

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



## 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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Parent/Guardian

**See Other Side...**



## Our Lady of Guadalupe / Youth Ministry Program

### MEDICAL INFORMATION & LIABILITY RELEASE

**Student Name:** \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Middle Last

Address:

\_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBERS:** Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Name/Cell \_\_\_\_\_ Home: \_\_\_\_\_

#### **MEDICAL INSURANCE CARRIER:**

Parent/Guardian's Insurance Group Name

\_\_\_\_\_

Insurance Group

Number \_\_\_\_\_

#### **MEDICAL INFORMATION:**

Family physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

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