



Registration Form

Divine Mercy Youth Middle School youth group is for all 6th & 7th grade students! Use this form to register.

DATE OF REGISTRATION

/ /

CHILD INFORMATION

Full Name :

Date of Birth : / / Gender : Male Female

Grade Level: 6th 7th School:

PARENT/GUARDIAN INFORMATION

Parent 1 Name:

Relationship: Cell Phone:

Email Address:

Mailing Address:

Parent 2 Name:

Relationship: Cell Phone:

Email Address:

Mailing Address:

Check here if you are interested in providing snacks or volunteering with us!

CONTACT US:

Dylan Mitchell Pastoral Associate & Youth Director
A : 4337 Sal Lentini Parkway | Kenner, LA
P : 504-466-5016 x114 E : dmitchell@divinemercyparish.org

THANK YOU FOR REGISTERING

Please make sure you have a medical information, consent and liability, photo release, and covid waiver on file with us.



CONSENT & LIABILITY

I, , hereby grant permission for my child to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers of Divine Mercy Parish. A brief description of the activity follows:

Event(s):	<input type="text" value="Divine Mercy Youth Middle School Program"/>
Location(s):	<input type="text" value="Divine Mercy Parish (4337 Sal Lentini Pkwy, Kenner, LA 70065)"/>
Individual in Charge:	<input type="text" value="Dylan Mitchell (Pastoral Associate & Youth Director)"/>

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend Divine Mercy Catholic Church and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents, and representatives associated with the event arising from or in connection with the negligence and/or intentional acts of my child.

Signature Date

PHOTO RELEASE

AUTHORIZATION FOR USE OF NAME, PHOTOGRAPH AND/OR LIKENES AND/OR INFORMATION AND RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS

I/we, , parents of hereby authorize The Roman Catholic Church of the Archdiocese of New Orleans and Divine Mercy Catholic Church (hereinafter "Church") as operator of Divine Mercy Youth (hereinafter DMY) to use the name, photograph and/or likeness of our child, , and the information about our child in any advertisements and/or publicity in newspapers, church and school bulletins, and/or literature and/or on DMY and/or Church website and/or in any televised or video media, including but not limited to the any videos on the internet posted by DMY and/or Church, as determined in the sole discretion of DMY and/or Church.

We/I agree to defend, indemnify and hold harmless The Roman Catholic Church of the Archdiocese of New Orleans and Divine Mercy Catholic Church as operator of Divine Mercy Youth, their members, directors, officers, pastor(s), principal(s), teachers, employees, agents and assigns (hereinafter, collectively, "Releases") from any liability or damages of any kind or type (including but not limited to mental, physical, emotional or economic damages) which may arise from the authorized use set forth above, including but not limited to any claims or causes of action arising in negligence or intentional fault, including but not limited to any claims or causes of action of defamation or invasion of privacy.

Signature Date



COVID-19 CONSENT AND LIABILITY WAIVER

Full Name :

Date of Birth : / / **Gender :** **Male** **Female**

Parent Name:

Relationship: **Cell Phone:**

Email Address:

Mailing Address:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. Divine Mercy Parish will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its parish activities (including Divine Mercy Youth activities.) However, even though such standards will be followed and reasonable measures put into place, the parish cannot guarantee that you or your child(ren) will not become infected with COVID19. Further, attending the parish activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Divine Mercy Parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, , grant permission for my child, , to participate in these parish activities that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless St. Dominic Parish and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus.

I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature

Date



MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
2. Sections I, II and V are mandatory.
3. Sections III and IV provide you with treatment options in non-emergency situations.

Full Name :

Date of Birth : / / **Gender :** **Male** **Female**

Parent Name:

Relationship: **Cell Phone:**

Email Address:

Mailing Address:

SECTION I: MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with Divine Mercy Youth. I hereby authorize Dylan Mitchell or his assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from January 1, 2022, through July 31, 2022. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature

Date

SECTION II: EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name:

Relationship: **Phone:**

Health Insurance: **Policy #:**

Family Doctor: **Phone Number:**

Signature

Date

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature

Date

SECTION IV: MEDICATIONS (sign only what is applicable)

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature

Date

I hereby grant permission for non-prescription medication (such as tylenol, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature

Date

NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature

Date

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions? _____

Date of Last Immunizations _____

Dietary Restrictions? _____

Physical Limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc?
If so, date and disease or condition:

You should be aware of these special medical conditions of my child:
