



# 2017-2018 Youth Ministry Registration Form



*Ignite* (9th - 12th Grade)



*Sparks* (6th - 8th Grade)

## Rod Wood

Coordinator of Young Adult Ministry, Youth Ministry (6th-12th Grade) & Sacrament of Confirmation Coordinator

Cell: 616-318-8099 Office: 616-878-1619 Rod@StSebastianMi.org

## Parent/Guardian Information

Family Name: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Are you registered Parishioners at Saint Sebastian Church?  YES  NO

(If not please list your registered parish) \_\_\_\_\_

## Volunteer Opportunities

*Our Youth Ministry program is fueled through the generosity of our volunteers.*

*Would you like to help in one or more of the following areas?*

*Please check all that may interest you.*

*Sparks* Core Team Leader  *Sparks* Environment Setup Volunteer  *Sparks* Special Events Chaperone

*Ignite* Core Team Leader  *Ignite* Environment Setup Volunteer  *Ignite* Food Service/Kitchen Volunteer

*Ignite* Retreat Chaperone  *Ignite* Special Events Chaperone  *Ignite* Social Justice Outreach Volunteer

## Sparks & Ignite Program Information

**Registration Fees - Please submit payment with your registration form, or make arrangements with Rod Wood**

**Now until Aug 20, 2017 \$25 per child - \$75 max per family - Add \$10 per child after Aug 20, 2017**

**Non Parishioners add \$50 per family**

*Sparks* Youth Ministry & Confirmation Program is a three year faith formation process designed for youth who are in the 6th through 8th Grade and wish to receive the Sacrament of Confirmation. Program nights are every other Sunday, 5:30 - 7:30pm. Students who complete all the requirements during the three year process will receive the Sacrament at the end of their 3rd year.

*Ignite* High School Youth Ministry Program is for all high school youth in grades 9th - 12th. Program nights are every other Sunday from 5:30 - 7:30pm. (Supper included). Ignite is a Small Group experience committed to the reality that young people are an important and integral part of our parish community, and in fact are the Catholic Church. Ignite seeks to build future leaders of the Church by fostering and nurturing the faith of our youth. Ignite will lead our youth in their faith journey, and walk with them in the light of Christ by bringing them together with their peers and leaders for fellowship, fun, faith formation and Spiritual direction.

**(If your youth is in high school and has not yet received one or more of the Sacraments please contact Rod Wood to work out a plan)**



# 2017-2018 Medical Release Form



*Ignite* (9th - 12th Grade)



*Sparks* (6th - 8th Grade)

### Name of Youth

Name of Youth		Name of Youth	
Name of Youth		Name of Youth	
Parent/Guardian			

### Emergency Contact Information

Name			
Best Phone Numbers	Cell:	Hm:	Wk:
Relationship to Youth			

### Family Physician Information

Name of Doctor			
City, State, Zip	City:	State:	Zip:
Phone			

### Health Insurance Information

Name of Insurance Co.	
Policy Number	
Group Number	
Contract Number	

### Medical Treatment Release

As the parent or legal guardian, I hereby authorize first aide/medical treatment for \_\_\_\_\_ in the event of an emergency which may endanger her/his life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the person listed on this form as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the parish and its agents during youth programming and events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Saint Sebastian Church, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, loses, diseases, or injuries incurred by the aforementioned.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## Individual Child Information

Youth's Name: \_\_\_\_\_ Grade entering in fall of 2016 \_\_\_\_\_ Gender M F

Name of School: \_\_\_\_\_  *Sparks*  *Ignite*  
6th-8th 9th-12th

Medical conditions/Allergies: \_\_\_\_\_

Please explain any disabilities your child has: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Has your child received the Sacrament of: **Bap-**  **tism:** YES NO  **Reconciliation:**  YES  NO

Youth's Name: \_\_\_\_\_ Grade entering in fall of 2016 \_\_\_\_\_ Gender M F

Name of School: \_\_\_\_\_  *Sparks*  *Ignite*  
6th-8th 9th-12th

Medical conditions/Allergies: \_\_\_\_\_

Please explain any disabilities your child has: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Has your child received the Sacrament of: **Bap-**  **tism:** YES NO  **Reconciliation:**  YES  NO

Youth's Name: \_\_\_\_\_ Grade entering in fall of 2016 \_\_\_\_\_ Gender M F

Name of School: \_\_\_\_\_  *Sparks*  *Ignite*  
6th-8th 9th-12th

Medical conditions/Allergies: \_\_\_\_\_

Please explain any disabilities your child has: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Has your child received the Sacrament of: **Bap-**  **tism:** YES NO  **Reconciliation:**  YES  NO

Youth's Name: \_\_\_\_\_ Grade entering in fall of 2016 \_\_\_\_\_ Gender M F

Name of School: \_\_\_\_\_  *Sparks*  *Ignite*  
6th-8th 9th-12th

Medical conditions/Allergies: \_\_\_\_\_

Please explain any disabilities your child has: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Has your child received the Sacrament of: **Bap-**  **tism:** YES NO  **Reconciliation:**  YES  NO



# 2017-2018 Social Media Permission Form



**Ignite (9th - 12th Grade)**



**Sparks (6th - 8th Grade)**

I understand that St Sebastian Catholic Youth Ministry has created a **Youth Ministry Blog, Facebook, Twitter and Instagram accounts, and uses** Texting and email to facilitate Faith-based communication by its Youth Minister, Rod Wood. I also understand that pictures/video may be taken during youth ministry activities, and published on these various St Sebastian websites/social media sites.

**Ignite Blog** <http://igniteafire.blogspot.com>

**Facebook account** <https://www.facebook.com/SSYouthGroup>

**Twitter account** @StSebastianYM

**Instagram account** St-\_Sebastian\_YM

**Social Media.** By signing below I am granting permission for these interactions with my youth in the above social Media formats. I understand that my permission will remain in effect until revoked in writing to the Parish office.

### Social Media Photos & "Tagging"

From time to time photos/videos may be used on social media, our blog or in print for the promotion of youth ministry programs and events. "Tagging" can be done by anyone on some media, (FB), (Instagram), etc., and only by administration from others. We need to know what you wish to allow in regards to our YM social media administrator tagging.. Please check the boxes below to indicate which permissions you agree to.

- I give permission for youth ministry to use photos/videos of my youth on social media or print.
- I give permission for youth ministry to "tag" my youth on social media.       I DO NOT give permission for "tagging"
- I DO NOT give permission for youth ministry to use photos/videos of my youth on social medial or print.
- I agree that no compensation will be paid.

**Student Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Print (Parent/Guardian):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Texting - 8th-12th grade.** Texting is used to "spread the word" about Youth Ministry events as well as ministering to students from time to time. By signing below I am granting permission for communication via text messaging between my youth, (with the number I am providing below), and St Sebastian Youth Minister, Rod Wood. I understand that my permission will remain in effect until revoked in writing to the Parish office.

**Student Name:** \_\_\_\_\_ **Youth Cell Number:** \_\_\_\_\_

**Print (Parent/Guardian):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_