

Edge Virtual Registration 20-21

Middle School Youth Ministry

Registration Fee:

\$50.00

Zoom classes begin
Sept 13th



St. Mark the Evangelist
Catholic Church
1602 Thousand Oaks Drive
San Antonio, TX 78232

Middle School Youth Information

Name:

Birth date:

2020-21 Grade:

School:

Gender: Male Female

**Student*
Email:

Parent/Guardian Information

1st Parent/
Guardian
Name:

Parent Guardian

Email:

Cell:

Address:

City/State:

Zip Code:

2nd Parent:

Parent Email:

Cell:

****If the student does not have an email account Please create one for free at gmail.
This is very important for communication.***



**PROVISIONS FOR INFORMED CONSENT FOR MINOR PARTICIPATION
VIA TELECOMMUTING (COVID-19)**

This Informed Consent for minor participation telecommuting contains important provisions for using the phone or the internet during the period of the current COVID-19 pandemic.

Please read this carefully, and let your youth group coordinator/minister/ directors know if you have any questions.

In accordance with the Code of Conduct enacted by the Archdiocese of San Antonio, all ministry with minors via telecommuting will occur with 2 qualified adults in the sessions at all times. For purposes herein, telecommuting refers to participating in youth group meetings remotely using telecommunications technologies, such as video conferencing or telephone.

Risks to confidentiality: Because telecommuting takes place outside of the normal gathering places on parish grounds, there is potential for other people to access these conversations or stored data could be accessed by unauthorized people or companies.

You are solely responsible for obtaining any necessary equipment, accessories, or software for your child to participate in telecommuting, as well for ensuring the security of such equipment accessories or software for your child's participation.

Recording: The telecommuting sessions shall be recorded by the youth group ministers/ coordinators solely for auditing purposes and such recordings may not be published in any form, including any social media forums.

Parent/Legal Guardian Informed Consent

This agreement is intended as a supplement to the registration forms for in person ministry with minors and does not amend any of the terms of that agreement..

I agree to allow my child, _____, to participate in religious education/youth group participation via telecommuting with the religious education/youth group qualified adults at St Mark the Evangelist Catholic Church, during the Covid-19 pandemic.

Your signature below indicates agreement with its terms and conditions.

Parent/Guardian Signature _____ **Date** _____

**WE NEED YOU!! PARENTS PLEASE PRAYERFULLY CONSIDER WHERE GOD IS CALLING
YOU TO VOLUNTEER YOUR TIME WITH THE YOUTH MINISTRY:**

CATECHIST (teach &lead) _____

SMALL GROUP FACILITATOR _____

Student's Name _____

1. **INDEMNITY.** I, INDIVIDUALLY AND IN MY CAPACITY AS PARENT/LEGAL GUARDIAN OF PARTICIPANT, UNCONDITIONALLY AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, DEMANDS, COSTS AND EXPENSES OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, (INCLUDING, WITHOUT LIMITATION, COURT COSTS AND ATTORNEY'S FEES) INCURRED BY ANY OF THE CHURCH PARTIES RESULTING OR ARISING FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, INCLUDING, WITHOUT LIMITATION, THE DEATH OR BODILY INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PERSONAL PROPERTY THAT MAY RESULT FROM (I) PARTICIPANT'S PARTICIPATION IN THE ACTIVITY, OR (II) SPONSOR'S TRANSPORTATION OF PARTICIPANT TO THE ACTIVITY, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF ANY OF THE CHURCH PARTIES OR OTHERWISE. (Initials) _____

2. **Medical Authorization.** In the event of any injury or illness of Participant during the Activity, I hereby authorize and consent to the transportation of Participant to the nearest medical or dental facility, and, should the need arise, I hereby further authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and treatment in the discretion of the attending physician or dentist. I understand that I am giving this authorization in advance of any specific diagnosis, treatment or hospital care being required and I am providing this authorization to give authority and power to render any care which the medical provider and/or dental provider deems advisable. None of the foregoing medical or dental treatments shall be withheld if I cannot be reached prior to the administration of such medical and/or dental treatments. I hereby agree that I shall be solely responsible for the payment of any and all costs for such medical and/or dental treatment of Participant, and in no event shall any of the Church Parties be required to pay for any such costs or expenses. I, INDIVIDUALLY AND IN MY CAPACITY AS THE PARENT/LEGAL GUARDIAN OF PARTICIPANT, HEREBY, RELEASE, WAIVE, AND FOREVER DISCHARGE THE CHURCH PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, LOSSES, JUDGMENTS, DAMAGES, COSTS, EXPENSES, AND DEMANDS OF ANY KIND OR NATURE WHATSOEVER, EITHER IN LAW OR IN EQUITY, RESULTING OR ARISING FROM ANY SUCH MEDICAL OR DENTAL TREATMENT RENDERED TO PARTICIPANT. (Initials) _____

3. **Photo/Video Consent and Release.** I hereby authorize Sponsor and the Archdiocese to take photographs, recordings, and/or videos (whether electronic, digital, or otherwise) of Participant in connection with the Activity, and I hereby consent to the use, reproduction, and publication of such images by Sponsor and the Archdiocese in connection with the promotion and publicity of the activities of Sponsor and the Archdiocese, including, without limitation, publication of such images on Sponsor's website. I, individually and in my capacity as parent/legal guardian of Participant, hereby waive any right to inspect or approve the actual use by Sponsor or the Archdiocese of any such image of Participant. Such images of Participant shall be the sole property of Sponsor, and I, individually and in my capacity as parent/legal guardian of Participant, acknowledge and agree that neither I nor Participant shall be entitled to any compensation whatsoever should any such images of Participant be used by Sponsor or the Archdiocese. (Initials) _____

Parent/Guardian Signature _____

Date _____

Payment Information

The 2020-2021 Faith Formation fee is \$50 per teen.

Confirmation II fee is an additional \$30. The fees offset the cost of books, supplies, materials, and speakers necessary to offer a high quality program.

Please make checks payable to: **St. Mark the Evangelist.**

**The schedule and more information can be found on
our Youth Website
www.stmarkym.com**

*Please scan and email registration forms to the Youth Ministry department to:
mshreffler@stmarkevangelist.com*

St Mark the Evangelist is dedicated to preventing the transmission of COVID-19. We are following CDC guidelines for sanitation, social distancing and face coverings. Even with these precautions, infections are still possible and may result in serious illness or even death. If you have concerns about your child's safety or your child or someone in your household is in a vulnerable population, you may opt to have your child participate in religious education/youth group on-line or by correspondence. If you have questions about whether your child or a family member are in a vulnerable population, please visit the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-riskpopulations.html>