

SAINT PETER'S CLUB

\$35 membership
fee

MEMBERSHIP 2011-2012

First Name: _____ Last Name: _____

Address: _____

Male Female 7th grade 8th grade

School: _____ Date of Birth: _____

T-shirt size (in adult sizes): S M L XL Already have a t-shirt ___ YES ___ NO

Home Phone: (_____) _____ - _____

Parent Name(s): _____ / _____

Parent Cell Phone(s): (_____) _____ - _____ / (_____) _____ - _____

Parent e-mail address _____

(this is where updates and reminders will be sent)

As a parent of a club member:

____ I would like to help **plan** St. Peter's Club Activities

____ I would like to **chaperone**

____ I would like to **organize/shop**

____ I would like to **advertise**

____ I would like to _____

____ I have completed Child Protection Certification

EMERGENCY INFO If **parent/guardian** cannot be reached, please give a third party who can be contacted:

Name: _____ Phone #: _____

Relationship to Minor: _____

Please describe any medical problems that may affect your child's involvement in the activities of youth ministry: (allergies, asthma, diabetes, heart ailments, etc.)

Please see the reverse side for release forms.

INSURANCE INFORMATION (company, membership/plan#):

PERMISSION I will allow my son/daughter to participate in the St. Peter's Club at St. Peter's Parish. I also grant permission to give emergency medical treatment.

_____ Parent Signature
_____ Date

Participant Release Form

Permission is hereby granted to St. Peter Parish and the Archdiocese of Washington to use the voice/audio recordings, photographs, video and quotations of

(Name of participant)

related St. Peter's Youth Ministry in educational efforts and related public relations purposes, including catechetical videos, media coverage, brochures, posters, print, radio, TV or electronic media.

In exchange for the opportunity to participate in the community awareness programs, educational efforts and related publicity endeavors of St. Peter Parish and the Archdiocese of Washington I hereby agree to release and hold harmless St. Peter Parish and the Archdiocese of Washington and their agents, servants and employees from any and all claims, demands, causes of action and/or liability of whatever kind or nature arising out of or connected to the use of said voice/audio recordings, photographs, video and quotations.

I hereby waive any right to compensation, fee or royalty for myself, the participant/student or our successors, heirs or assigns in connection with the production or use of the aforesaid materials.

Signature of Parent/Guardian (if minor)

Relationship to Participant

Please Print Name

Street Address

City

State

Zip

Dated: ____/____/____
Month Day Year

FOR OFFICE USE ONLY: amount paid: \$_____ [] cash [] check

Registration date: _____