

## **Registration for A New Song: Middle School**

A New Song: Middle School is a summer music program for students entering 6<sup>th</sup> grade-entering 9<sup>th</sup> grade. The program will run Monday June 17<sup>th</sup>-Friday June 21<sup>st</sup> from 9am (drop off starts at 8:30am)-12:30pm (pick up between 12:30-1pm). Students of all levels are welcome. The program will include:

- Making music as a large group
  - Making music in smaller groups with students around the same skill level
  - Music reading/skill enhancement
  - Faith time- teaching and discussions on how music & faith interact
  - Camp games
  - Lunch
- The week will close with the students leading the music at the 4pm Mass on Saturday June 22<sup>nd</sup> and a pizza party with their families to follow

The goal of this camp is to pour into students that are currently involved in music ministry at church as well as to welcome new musicians who might be interested in joining us! We will certainly learn some great songs as a group that can be used at Mass in the coming year. And for students who are in cantor or accompanist training this is a great time to practice working with each other. Training accompanists can practice with training cantors and we can find partners that work together well as we prepare you for your future duties.

Please fill out the back of this form and return to Jenny Mills either at the church office or scan and email to [jmills@holynameparish.net](mailto:jmills@holynameparish.net).

**Student's Name:** \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_

**How to best get in touch with parent:**

\_\_\_\_\_

**Instrument(s) the student plays:** \_\_\_\_\_

**Does the student sing?:** \_\_\_\_\_

**Grade & School entering in the fall:** \_\_\_\_\_

**List any music experience the student has had so far (private lessons, singing at church or school, etc...)**

---

---

---

---

---

---

---

**\*Last thing: Attached is the youth group health release form. If you've already turned one in for the 2018-2019 school year for this student, you don't need to turn another one in. If you haven't, please fill that out as well.**

Name/Address of Diocesan Institution Sponsoring Program/Activity Holy Name  
ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR YOUTH**

(Parent /legal guardian completes form and is responsible for the information being current. Original form is kept on file at parish/school; a copy must be readily available for all overnight or off-site events.)

Youth Participant's Name \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Male  Female  Birthdate \_\_\_/\_\_\_/\_\_\_ School & Grade: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's  OR Legal Guardian's  Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Means of Communication: Phone Call  Text  Email

Mother's  OR Legal Guardian's  Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Means of Communication:  Phone Call  Text  Email

In an emergency, please notify (Name/Phone #): \_\_\_\_\_

If above individual cannot be reached, please notify (Name/Phone #): \_\_\_\_\_

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME \_\_\_\_\_

Name anyone who is restrained from picking up the child. \_\_\_\_\_

**HEALTH HISTORY:**

Child's Physician: \_\_\_\_\_

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: \_\_\_\_\_

\_\_\_\_\_

Name of any medications and concise directions, including dosage and frequency of dosage: \_\_\_\_\_

\_\_\_\_\_

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given:

Acetaminophen Yes  No

Ibuprofen Yes  No

Any allergies (food, latex, animals, etc?) Yes  No

Allergic to any medications? Yes  No

If yes, please list and describe: \_\_\_\_\_

Does child carry EpiPen? Yes  No  If yes, where is it located? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes  No

Any swimming restrictions: Yes  No  What? \_\_\_\_\_

Any activity restrictions? Yes  No  What? \_\_\_\_\_

**(OVER)**

**Consent for Emergency Care**

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

**\* Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

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

Witness to Signature (Age 21 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company (that covers above-named child): \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_\_

Policy Holder's Place of Work: \_\_\_\_\_

**PERMISSION FORM & LIABILITY RELEASE**

**PURPOSE:** This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and \_\_\_\_\_ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/ herself or others in dangerous situations.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

**NOTE TO PARENT/GUARDIAN: You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).**

## GRADES 6-12 CODE OF CONDUCT FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities for young people from all over the Diocese of Owensboro to encounter and follow Jesus Christ, building a community of faith that empowers them to go forth as missionary disciples. With these goals in mind, we have certain expectations of the children, youth, and adults who participate.

1. I understand that young people participating in the Church's youth activities (under 18 or any older youth still participating in high-school level activities) are under the care of supervisory adults, who are responsible for knowing and following diocesan policy. I will be cooperative and respect their role.
2. I will remain at the event for its duration unless organizers have received expressed permission from my parent/guardian.
3. I will respect the rights of all. I will treat everyone with respect, courtesy, dignity, patience, and integrity. If assisting an adult, I will use positive reinforcement with younger children and not threaten, demean, or degrade others.
4. I will present myself in a way that promotes a good reputation for my school/parish/family and me. This includes attire appropriate to the activity (e.g. modesty, logos, etc).
5. I will treat property with care. If something is damaged, I will tell a supervisory adult.
6. I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
7. I understand the use of cell phones and other electronic devices is discouraged, unless a supervisory adult grants permission. Any technology use should reflect the goals and mission of the activity.
8. I will not possess or use tobacco, alcohol, or illegal drugs. I will not possess or use pornographic or other inappropriate videos, reading materials, or other objects.
9. I will not possess, use, or threaten to use any object to injure another person or myself (e.g. knives/sharp objects, guns, weapons). The Diocese has in place a Search & Seizure Policy (available on request and on diocesan website).
10. If I am being hurt or if I become aware that anyone else is being hurt emotionally/verbally/physically, I will notify a supervisory adult.
11. I understand in extreme cases of misconduct, my parent/guardian and legal authorities will be notified, regardless of the time. In these cases parents/guardians will be financially and/or physically responsible for participant's transportation home from school/event. I understand I am subject to diocesan search and seizure policies (available upon request and on diocesan website).
12. If I become aware of any violation of this Code of Conduct by anyone, it is my responsibility to notify a supervisory adult as soon as possible.

**YOUTH PARTICIPANT/STUDENT: (Print Name)** \_\_\_\_\_

I understand that any action inconsistent with this Code of Conduct may result in appropriate disciplinary action.

X \_\_\_\_\_  
Signature of Participant / Student \_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Parent / Legal Guardian \_\_\_\_\_  
Date

Notes:

1. By signing this, I acknowledge that photographs/videos of my child may be used for the purpose of publication. If I do not want my child photographed for such purpose, I am responsible for notifying the program organizer in writing.
2. Diocesan policy states that "no one should be left alone in a supervisory capacity. There should always be a minimum of two Safe Environment-cleared adults" present. Parent(s)/guardian(s) are to ensure that child arrives and is picked up at designated times to avoid violation of this policy. This also applies to teens who transport themselves.

--An adult supervisor in attendance should have this form accessible. **For school events** if youth are not accompanied by school representative, then forms should be submitted to appropriate school office PRIOR to event.



**LIABILITY RELEASE--PARENT/GUARDIAN COPY**

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and Holy Name (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

(This top portion is to be kept by the parent or guardian so they have all relevant information about the activity.)

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

Cut here---(Keep top; turn in bottom)----Cut here---(Keep top; turn in bottom)-----Cut here---

**LIABILITY RELEASE--PARISH/SCHOOL/DIOCESAN COPY**

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and Holy Name (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

