



SAINT AGNES TEEN YOUTH GROUP WELCOME PACKET

Contact: Deacon Lyle and Donna Benner, Youth Group Directors
E-mail: st.agnes.youth001@gmail.com

Welcome to Saint Agnes Teen Youth Group!

OUR MISSION

1. To empower teens to live as disciples of Jesus Christ in our world today.
2. To draw teens to responsible participation in the life, mission, and work of the Catholic parish faith community.
3. To foster the total personal and spiritual growth of each teen.

OUR VISION

1. **Creating** a welcoming and dynamic environment.
2. **Building** Christ-centered relationships
3. **Sharing** authentic Catholic teachings and experiences.

OUR LOCATION	OUR MEETINGS	OUR TEAM
Our Youth Center is located in the downstairs part of the school building next to the Church. Use left lower entrance.	We meet on Wednesday evenings from 7pm to 9pm.	All teens currently in 8 th to 12 th grade are welcome!

OUR FORMS

Contained in this packet are forms for teens and parents to fill out. Please return the completed forms to the Parish Office, Deacon Lyle or Donna Benner. Once we receive your forms you will be added to our email list and receive information of our youth group events. Please notify us if any of the information on this form changes so they can be updated and remain current.

OUR THANKS

We thank God for allowing us to work together with you and your teens. We look forward to growing in **OUR** Catholic faith together!

Saint Agnes Teen Youth Group
Communication, Parental Permission & Medical Release Form
(One form may be used for multiple teens in household)

Print Teen's Name	Email Address	Birth Date	Current Grade
Print Teen's Name	Email Address	Birth Date	Current Grade
Print Teen's Name	Email Address	Birth Date	Current Grade
Print Parent's Name (Mother)	Email Address		
Print Parent's Name (Father)	Email Address		
Print Legal Guardian Name	Email Address		

Home Address: _____

Phone #: _____

Emergency Telephone Numbers:

Phone numbers to reach a parent or an emergency contact for the teen/teens named above.

Parent/Legal Guardian (Name): _____ Phone: _____

Parent/Legal Guardian (Name): _____ Phone: _____

Emergency Contact (If Parent can't be reached): _____ Phone: _____

(PARENT/LEGAL GUARDIAN) PLEASE INITIAL TO AFFIRM:

- I give my permission for my teen and/or teens to participate with Saint Agnes Teen Youth Group.
- I give my permission for my teen and/or teens to partake in snacks and meals offered during our time together.
- I give my permission for Deacon Lyle and Donna Benner to communicate with my teen and/ or teens through E-mail. I understand I will be copied on all correspondence.
- I give Saint Agnes Teen Youth Group permission to treat my child for any injuries or conditions related to this activity.
- My child has permission to be given Tylenol or Ibuprofen if they request it.
- I give Saint Agnes Youth Group permission to photograph/video my child and use picture/video to promote Saint Agnes Teen Youth Group.

Medical Information

Medical Insurance Carrier:

Parent/Legal Guardian's Insurance Company: _____

Group Number: _____ Child's ID Number: _____

Medical Information:

Family Physician's Name: _____ Phone: _____

Date of last tetanus shot: _____

Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Please put in parenthesis name of teen if listing for more than one child or use back of this form.

Medical Release:

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for **September 1, 2022 thru September 30, 2023**. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact. However, if I or the contact cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. Agnes Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

I agree to all of the above stated: _____ **Date:** _____
Signature of Parent