YOUTH SERVICE DAY
DÍA DE SERVICIO JUVENIL

REGISTRATION FORM
FORMA DE REGISTRACIÓN

YOUTH PARTICIPANT TO COMPLETE THIS FORM / PARTICIPANTE JUVENIL DEBE COMPLETAR ESTE FORMULARIO

Please print / Por favor imprima

Participant's name/ Nombre del Participante: _____

Age/ Edad: (Ages 12-17 / Edades 12-17)

School/ Escuela: _____

Grade/ Grado: _____

Emergency Contact 1 / Contacto de Emergencia 1

Name/Nombre: _____ Relationship/Relación: _____ Phone/Teléfono: _____

Emergency Contact 2 / Contacto de Emergencia 2

Name/Nombre: _____ Relationship/Relación: _____ Phone/Teléfono: _____

PARISH INFORMATION/ INFORMACIÓN DE SU PARROQUIA

Parrish/ Parroquia: _____ City/Ciudad: _____

Youth Minister (if applicable)/ Ministro Juvenil (si aplica): _____

What are you looking forward to at Youth Service Day? /
¿Que esperas vivir en el Día de Servicio Juvenil?:

_____
_____

_____

YOUTH - Participant's Signature/ JOVEN - Firma del Participante:_____

Date/Fecha: _____

Please return this REGISTRATION FORM to your Youth Minister or to the Diocese of Yakima
101 S. 12th Ave, Yakima, WA 98902

Favor de entregar esta FORMA DE REGISTRACIÓN a su Ministro Juvenil o a la Diócesis de Yakima
101 S. 12th Ave, Yakima, WA 98902

DIOCESE OF YAKIMA

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name_____

Birth date_____ Sex _____

Parent/Guardian's name_____

Home address_____

Home phone_____ Work phone_____

I,_____, grant permission for my child,_____
Parent/Guardian name Child's name

to participate in this parish/school/youth ministry event that requires transportation to a location away from the parish/school/youth ministry site. This activity will take place under the guidance and direction of employees and/or volunteers from _____.
Name of parish/school/youth group

A brief description of the activity follows:

Type of event: Youth Service Day / Church Mission Congress
Date of event: October 9-10, 2026
Locations: St. Paul Cathedral Mission Center, 1214 W Chestnut Ave, Yakima, WA 98902;
La Salle High School, 3000 Lightning Way, Union Gap, WA 98903
Individual in charge: Alejandro Meza Robledo - (509) 952-3672
Cost: _____
Event time: Friday, October 9 at 12:00 PM through Saturday, October 10 at 3:30 PM

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend_____its officers, directors, employees & agents,
Parish/school/youth group

And La Salle High School and the Diocese of Yakima , their employees, and agents, chaperons, or
(Arch) Diocese
representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/youth group, its officers, directors, and agents, and the_____
Diocese of Yakima
(Arch)Diocese
its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claims arise from the negligence of the parish/school/youth group or Diocese of Yakima.
(Arch)Diocese

Parent/Guardian Signature_____ Date_____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.) I understand that my medical insurance is always primary.

***Emergency Medical Treatment*:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. **Please be aware that your medical insurance is always primary**. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship_____ Phone_____

Family doctor_____ Phone_____

Family Health Plan Carrier_____ Policy #_____

Parent/Guardian Signature_____ Date_____

***Other Medical Treatment*:** In the event it comes to the attention of the parish/school/youth group, its officers, directors, and agents, and the, (Arch) Diocese__Diocese of Yakima_chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as a headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Parent/Guardian Signature_____ Date_____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:_____

_____

Parent/Guardian Signature_____ Date_____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Parent/Guardian Signature_____ Date_____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent/Guardian Signature_____ Date_____

Specific Medical Information: The parish/school/youth group will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):_____

Immunizations: Date of last tetanus/diphtheria immunization:_____

Does the child have a medically prescribed diet?_____

Any physical limitations?_____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, or fainting?

_____

Has the child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:_____

You should be aware of these special medical conditions of my child:_____

Date/Fecha: _____

Please return this PARENTAL CONSENT FORM to your Youth Minister or to the Diocese of Yakima
101 S. 12th Ave, Yakima, WA 98902