

**OUR LADY OF GUADALUPE LITTLE FLOWERS GIRLS’ CLUB**

**2021/2022 REGISTRATION FORM**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name & Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name & Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary E-Mail for Little Flowers Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name & Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member of Our Lady of Guadalupe Parish: YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_**

**Known Allergies: List all Food / Drug/ Environmental Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**List any other concerns or issues you feel we should be aware of concerning your daughter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Names of people who have permission to pick-up my child: (You\r child cannot be picked up by anyone who is not listed on this form, unless you call Lisa Kopertowski and advise her of the name of the person prior to the start of a meeting.)**

Name (s)/Cell Number(s):

**I hereby give permission for pictures of my daughter taken during Little Flowers Girls’ Club events to be posted on the parish Website, Our Lady of Guadalupe Social Media and/or weekly parish bulletin. YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

**Do you wish to help when needed at our meetings? YES\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_**

**Do you have your clearances with the Archdiocese of Philadelphia: YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_**

**\*\*If you would like to get your clearances, please contact Lisa Kopertowski/Director of Youth & Young Adult Ministry, to help you facilitate your clearances.**

**Registration Fee: $35.00 – (Check made payable to Our Lady of Guadalupe or cash payment.) This cost will cover book supplies, food, drinks, crafts, etc., during the year. If cost is an issue, please contact Lisa Kopertowski at** **youthministry@olguadalupe.org****. We don’t want any girl miss this wonderful opportunity because of inability to pay.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**COVID-19 Liability Release Waiver**

**Our Lady of Guadalupe Youth Ministry Programs**

**2021/2022**

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), Our Lady of Guadalupe Parish, including but not limited to all Youth Ministry Programs, is taking extra precautions with the care of every child/teen to include enhanced sanitation/disinfecting procedures in compliance with CDC guidance. Mask wearing will be in compliance with whatever the current mandates are issued by the Archdiocese of Philadelphia. Please be aware that when the mandate calls for mask wearing inside the building, they will allowed to be removed for eating and drinking. We will always encourage sanitizing and the washing of hands. The youth room where meetings are held is sanitized before and after each meeting.

By signing this form, you consent to being aware of the following COVID-19 symptoms, and if your child/teen should in any way experience any of them, you will refrain from sending them to Youth Ministry Events. You also acknowledge that should your child contract COVID-19, you will immediately notify Lisa Kopertowski, Director of Youth & Young Adult Ministry at #267-337-2822, so that she can take the proper steps in notifying all those who came into contact with your child at a Youth Ministry event.

**Symptoms of COVID-19 include:** • Fever
• Fatigue
• Dry Cough • Difficulty Breathing

**I agree to the following:**

• I understand the above symptoms and affirm that I, my child/teen, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
• I affirm that I, my child/teen, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.

• I affirm that I, my child/teen, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
• I affirm that I, my child/teen, as well as all household members, have not traveled outside of the country or to any city considered to be a “hot spot” for COVID-19 infections within the past 30-days.

• I understand that Our Lady of Guadalupe Parish, any of its employees or volunteers in the Youth Ministry Programs, cannot be held liable for any possible exposure to, or harm/sickness incurred from exposure to the COVID-19 virus caused by attending Youth Ministry events, or any misinformation on this form.

Our Lady of Guadalupe will continued to follow all enhanced procedures to prevent the spread of COVID-19 in our parish building and meeting rooms as well as our church. We take this matter very seriously and will always have the utmost caution when hosting a Youth Ministry meeting/event in the Parish Life Center at Our Lady of Guadalupe as well as the church itself.

By signing below, I agree to each statement above and release Our Lady of Guadalupe Parish, its’ employees and volunteers associated with Youth Ministry Programs, from any and all liability for unintentional exposure or harm due to COVID- 19.

**Name of Child / Teen:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name**

**Parent(s) / Guardian(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date**

**Parent(s) / Guardian(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date**