



SAINT DOMINIC PARISH + NEW ORLEANS

Dear Parents,

I want to welcome your son or daughter into the St. Dominic CYO! The Catholic Youth Organization is an active part of parish life here at St. Dominic and in the archdiocese, and I hope that our new members become a part of that active community. Comprehensive youth ministry, as directed by the American bishops in their pastoral letter, *Renewing the Vision: A Framework for Catholic Youth Ministry*, seeks to program a wide range of activities for teenagers in order to strengthen their relationships with each other, with the parish and Church, and with Jesus Christ. CYO activities include spiritual development such as our monthly “Coffee & Christ” Scripture reflection and two annual retreats, service projects such as those at nursing homes and food banks, social activities including summer trips and our lock-out, and archdiocesan athletic leagues for flag football, cabbageball, volleyball, and basketball. Opportunities for leadership exist through the Youth Board, Peer Ministry Team, 8th Grade Leadership Team (C.O.R.E.), and the Freshman-Sophomore Leadership Team.

Each month, your son or daughter will receive a newsletter detailing all of the activities for that month. Three times a year they will receive a seasonal/semester calendar in order to help everyone plan ahead in being involved in the CYO. Both the calendar and newsletter are available on our website at www.stdominiccyo.org. We also send e-mail and text message reminders to them, as well as maintain a St. Dominic CYO social media presence on Instagram, Twitter, and Facebook to promote activities.

Please help your teen to keep up to date on activities and to respond by requested deadlines. The cost of some “away” activities are typically in the \$20-30 range with the retreats and summer trips costing more; the parish subsidizes certain events such as the service projects and retreats. Also, each new member is assessed annual dues which cover annual archdiocesan insurance fees and our texting system. The texting system messages originate from 504-445-8345 but this is not an actual phone but a web-based texting platform. We use it to send reminders and receive sign-ups for CYO events.

If your son/daughter is in high school, please either submit these forms to the church office or have them bring to a CYO Monthly Meeting:

- **CYO Registration Form**
- **Medical Consent Form (two-pages)**
- **Covid-19 Waiver**
- **Image Release Form**
- **Code of Conduct Acknowledgement**
- **\$50 dues; checks payable to St. Dominic CYO**

If you have any other questions, please feel free to contact me at 504-813-3003 or info@stdominiccyo.org. Thank you for your support of our parish youth ministry efforts.

Sincerely,

Johnny Smestad
Youth Minister



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ST. DOMINIC CYO REGISTRATION

Please Print Clearly

Name _____

Address _____

City _____ State: _____ ZIP _____

Student's Cell Phone# _____ If existing: Landline Home Phone # _____

E-mail address _____ @ _____

Instagram username _____ (to verify requests to follow the CYO account)

School *as of Fall 2022* _____ Grade *as of Fall 2022* _____

Birthday (month/day/year) _____

Father's Name _____ Mother's Name _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's e-mail _____ Mother's e-mail _____

Father's Workplace _____ Mother's Workplace _____

I understand that registering for membership in the St. Dominic CYO commits me to being an active member attending at least one activity each month. I will also do my best to become a leader in parish youth ministry.

Annual registration fee of \$50 for new members, \$40 for renewing members (payable each summer.)

I agree to act in an appropriate Christian manner towards both my peers and the adult chaperones, obeying all CYO rules as stated in the CYO Code of Conduct and as outlined by the Youth Minister. Violations of the Code of Conduct shall result in consequences, which may include suspension or expulsion.

I also understand that unless I opt out, in writing, I will receive both e-mail and text message announcements from St. Dominic CYO about CYO activities.

By signing, I understand and agree to the above terms.

Member Signature _____

For office use only:

____ dues paid ____ medical form sent ____ main roster ____ email & text systems
____ newsletter sent ____ medical form received ____ insurance list ____ t-shirt received

____ date registration received

**ST. DOMINIC CYO, NEW ORLEANS, LOUISIANA
MEDICAL INFORMATION AND CONSENT FORM**

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
 2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.
-

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Student Cell: _____

Mother Cell: _____ Father Cell: _____

SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with St. Dominic CYO. I hereby authorize John Smestad, Jr. or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from May 1, 2022, through June 30, 2023. 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.

Signature: _____ Today's Date: _____

SECTION II. 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. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature _____ Date: _____

SECTION IV: MEDICATIONS

(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- 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: _____

Signature: _____ Date: _____

- I hereby grant permission for non-prescription medication (such as tylenol, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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.

Signature: _____ Date: _____

SECTION V: MEDICAL INFORMATION

The parish 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 child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Has child recently been exposed to contagious disease 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: _____

ST. DOMINIC CYO
ARCHDIOCESE OF NEW ORLEANS
PARENTAL/GUARDIAN COVID-19 CONSENT FORM & LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, social distancing is recommended. St. Dominic Parish will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its parish activities (including CYO activities.) However, even though such standards will be followed and reasonable measures put into place, the parish cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the parish activity could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by participating in the parish/school activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at St. Dominic Parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Parish/School employees, volunteers, and program participants and their families.

Considering the foregoing, however, I, _____, grant permission for my child, _____, to participate in these parish activities that may require transportation to a location away from the parish site, notwithstanding the risks associated with the COVID-19 virus and group activities.

I confirm that there are no necessary changes to the Medical Information Consent form for my child that I previously submitted. If there are any necessary changes, I will complete another Medical Information Consent form.

I further agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to release, indemnify, and hold harmless St. Dominic Parish and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives ("Indemnitees") associated with the event arising from or in connection with the negligent acts or omissions of the Indemnitees ONLY in regard to prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____ Date: _____



SAINT DOMINIC PARISH + NEW ORLEANS

AUTHORIZATION FOR USE OF NAME, PHOTOGRAPH AND/OR LIKENES AND/OR INFORMATION AND RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS

For valuable consideration acknowledged and the dues paid as part of the youth group registration, we/I, parents of _____, hereby authorize The Roman Catholic Church of the Archdiocese of New Orleans as operator of the Catholic Youth Organization (hereinafter "CYO") and the St. Dominic Catholic Church (hereinafter "Church"), to use the name, photograph and/or likeness of our child, _____, and the information about our child, _____, in any advertisements and/or publicity in newspapers, church and school bulletins, and/or literature and/or on the CYO and/or Church website and/or in any televised or video media, including but not limited to the any videos on the internet posted by CYO and/or Church, as determined in the sole discretion of CYO and/or Church.

We/I agree to defend, indemnify and hold harmless The Roman Catholic Church of the Archdiocese of New Orleans as operator of the Catholic Youth Organization and St. Dominic Catholic Church, their members, directors, officers, pastor(s), principal(s), teachers, employees, agents and assigns (hereinafter, collectively, "Releases") from any liability or damages of any kind or type (including but not limited to mental, physical, emotional or economic damages) which may arise from the authorized use set forth above, including but not limited to any claims or causes of action arising in negligence or intentional fault, including but not limited to any claims or causes of action of defamation or invasion of privacy.

Parent/Guardian (if minor)

Date



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To the St. Dominic Youth Minister:

I, _____, and my child, _____,
have read, are familiar with, and accept the St. Dominic CYO Code of Conduct on this
____ day of _____ 2022. The document was either provided in my registration packet
or I obtained it from www.stdominiccyo.org

Parent Signature

Youth Member Signature