



St. Dominic CYO
2023-2024
Membership Renewal



To renew your membership for 2023-2024 we are asking you to complete the following. Failure to do so may result in your name being dropped from the roster, insurance, mailing, e-mail, and texting lists, and your having to rejoin at the new member fee.

- ◆ You are important to us. We want you to stay involved with the CYO. If you haven't been to an activity in awhile, this might be a good opportunity to re-connect and re-commit.
- ◆ Please share this notice with your parents.
- ◆ Complete the enclosed two documents: 1) Medical Consent Form, 2) Image Release Form so that CYO group event photos can be used in our publicity; please pay attention in case any information has changed since last year.
- ◆ Submit the two forms and \$40 renewal dues; cash or checks made payable to St. Dominic CYO.
- ◆ Bring these to the monthly meeting on Sunday, June 11, 2023, or to the St. Dominic Church Office no later than June 18, 2023.
- ◆ Members who have joined since May 2023 are already up to date through June 2024 and *DO NOT NEED TO RENEW*.



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

ACKNOWLEDGEMENT OF CYO CODE OF CONDUCT

My child who is joining CYO, and I, are aware of and accept the St. Dominic CYO Code of Conduct available on www.stdominiccyo.org

Parent Signature

Youth Member Signature

**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.
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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, 2023, through June 30, 2024. 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: _____
