

COR High School Youth Ministry

Church of St. Mary :: Lake Forest
www.Youthministry.ChurchofStMary.org

August 2018

Dear Parents and Students,

I hope you and your families are having a wonderful and blessed summer! My name is Terese Halm and I am the Youth Minister at the Church of St. Mary. I have been very thankful to have served here for just over two years. It has been such a gift and joy to get to know everyone involved in COR and to have the opportunity to see God work through our hard work and prayers. Needless to say, I am so pumped for all that God has in store for this year and to get to know and serve you all!

If you have never been involved with COR, I'll share with you a little bit about our youth ministry program. COR is a Catholic ministry provided by the Church of St. Mary and is open to all high school students, regardless of high school or faith background. We have regular weekly activities, such as our Sunday night COR meetings and Tuesday night Bible Study, but we also offer periodic service and social opportunities. Our purpose in all COR events is to draw kids closer to Christ, especially in the Eucharist, and help them grow in faith. If there are programs or topics you believe should be discussed or addressed within our youth group, please do not hesitate to share them with us. We are here to serve you and your entire family!

I have included a brochure about COR for you to share with your family. Teens are welcome to come to any and all of the events we have planned, whenever they are available. I understand how busy high school can be and I will try to make our programs as available to them as possible. In addition, I have included our **COR Registration packet**. **Please fill it out and return it as soon as possible**. Registration fees for the year are \$40/teen or \$60/family. Checks can be made payable to the Church of St. Mary. Please be assured that we welcome teens to COR even if they aren't able to pay the registration fee.

The registration information and permission forms are the most important pieces we need returned. It shows us that you would like to be on our mailing list and allows us to act in case of an emergency. Registration is due by **September 9, 2018**. **After that date COR will only send event information and emails to registered teens and families**. If you have any questions or comments, we would love to hear from you! Please do not hesitate to be in touch!

All for His Glory,

Terese Halm

A Ministry of the Church of St. Mary
Terese Halm, Youth Minister :: (847) 220-0785 :: THalm@ChurchofStMary.org





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REGISTRATION 2018-2019

Teen 1			
First Name			
Last Name			
Gender	Male or Female	Date of Birth	
Grade	Freshman Sophomore Junior Senior	School	
Cell Phone			
Email			
Sports/Clubs			
Medical Note			
Teen 2			
First Name			
Last Name			
Gender	Male or Female	Date of Birth	
Grade	Freshman Sophomore Junior Senior	School	
Cell Phone			
Email			
Sports/Clubs			
Medical Note			
Teen 3			
First Name			
Last Name			
Gender	Male or Female	Date of Birth	
Grade	Freshman Sophomore Junior Senior	School	
Cell Phone			
Email			
Sports/Clubs			
Medical Note			

FAMILY INFORMATION

Mother / Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

- I would be interested in being a parent volunteer for COR High School Youth Ministry Events.

Father / Guardian: _____ Home Phone: _____

Email: _____ Cell Phone: _____

- I would be interested in being a parent volunteer for COR High School Youth Ministry Events.

Teen Address:

Street	City	Zip Code
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Emergency Contact: **Other than parents & guardians*

Name	Phone Number	Relation
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Return this Form

Registration is due by **September 9, 2018**. After that date, COR High School Youth Ministry will only send event information to registered families. **Please drop off or mail forms to the Parish Center.**

COR Youth Ministry :: 201 E Illinois Rd :: Lake Forest, IL 60045

Registration Fee

The registration fee for COR this year is \$40 per teen or \$60 per family. **Checks should be made payable to "Church of St. Mary"**. Please contact the Youth Ministry office for financial assistance.

OFFICE USE ONLY

Check # _____ Amount _____ Date Received _____



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PERMISSION AND AUTHORIZATION FORM

I hereby give permission for my son/daughter _____ to participate in events sponsored by COR Youth Ministry during the 2018-2019 school year and summer.

I hereby release and indemnify The Catholic Bishop of Chicago, a corporation sole, and the Church of St. Mary, its staff and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in these events.

I understand that if my son/daughter violates any laws regarding alcohol or drugs, or rules governing the events, arrangements will be made to immediately send my teen home at the cost of the parent(s)/guardian.

I authorize the Church of St. Mary to use photographs/videos of my teen for bulletins, productions, publications, website, etc.

I authorize the youth ministers of the Church of St. Mary to contact my teen via email or cell phone.

- YES
- NO

Parent / Guardian Name (print): _____

Parent/Guardian Signature: _____

Telephone: (Home) _____ (Cell) _____



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MEDICAL PERMISSION FORM

I hereby request that my son/daughter be allowed to participate in the Church of St. Mary COR High School Youth Ministry events held both on parish premises and beyond. I understand that this medical authorization will be used for all Church of St. Mary COR events during the current & upcoming summer and school year. I further understand that parent permission forms will be distributed for my son or daughter's participation in major events (retreats, mission trips, etc).

I hereby release and indemnify The Catholic Bishop of Chicago, a corporation sole, and the Church of St. Mary, its staff and its volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I, the undersigned, or my authorized physician, cannot be reached, and in the judgment of Church of St. Mary staff/volunteers, there is necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Our physician is: _____ Phone: _____

In case of emergency, I can be reached at : _____

I grant permission for the adult chaperones at COR events to administer non-prescription drugs as needed for my teen (i.e. aspirin, ibuprofen, antacids, etc).

YES

NO

Please list any allergies, medications, medical problems or physical limitations of your teen:

Name of Son/Daughter: _____

Medical Insurance Company: _____

Policy/ID Number: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____