



Church of St. Pius X - Discipleship Group Interest Form

This fall, St. Pius X will be launching Discipleship Groups for our 9-12 grade students who have been Confirmed. Teens will be placed in a group based on age & gender. Groups will be lead by 2 - 3 adult mentors, and will meet at a convenient time/location for the small group. More information on Discipleship groups can be found in the *Invitation to Parents* packet, or on www.formed.org using the parish code: 18655a

Yes! My high school son or daughter, who has already been Confirmed is interested in learning more about a Discipleship Group at St. Pius X:

Participant's Name: _____ Home Phone: _____
 Birth Date: ____/____/____ Gender: _____ Grade in School _____
 Parent/Guardian's Name _____ Student Cell: _____
 Home Address: _____
 Parent Cell Phone: _____ E-mail: _____

I, as parent or guardian, grant permission for my child, to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the above stated church and the Archdiocese of St. Paul/Minneapolis, and St. Pius X Catholic Church from any claims or law suits brought against stated church and the Archdiocese of St. Paul/Minneapolis by myself, my child or others that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by stated church and the Archdiocese of St. Paul/Minneapolis in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone: _____

MEDICAL INFORMATION

Allergies/dietary needs: _____

Medication my child is taking at present: _____

Photo and Name Release – Parent Authorization, Consent and Release

The undersigned parent/guardian hereby authorizes and consents that the Church/Faith

Formation Program of St. Pius X be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent guardian does hereby release the Church/Faith Formation Department of St. Pius X from any liability in connection with such use.

Parent Signature: _____ Date: _____

YDISCIPLE

RELATIONAL

RELEVANT

PARENT DRIVEN

The Faith Formation Staff will be in contact with you shortly regarding placement in a Discipleship group for your child!

Questions? Contact Shawn Gutowski at 651-762-3634 or sgutowski@churchofstpiusx.org

YDISCIPLE
 Launching Young Disciples