



St. Andrew the Apostle Parish

SANYO Registration 2026-2027



PLEASE PRINT CLEARLY

Member's Name: _____

Address: _____

City/State: _____ ZIP: _____

Member Cell Phone: _____

Member E-mail address: _____

School: _____

Grade Level (as of Fall 2026) _____ Date of birth: _____

Parent/Guardian 1

Name: _____ Cell Phone: _____

E-mail address: _____

Parent/Guardian 2

Name: _____ Cell Phone: _____

E-mail address: _____

**** Annual registration fee for SANYO - St. Andrew's CYO is \$50.****

Additional \$15 for t-shirt (new members or replacement shirt – indicate size here _____)

Checks should be written out to St. Andrew the Apostle Church. Credit Cards also accepted.

Parents will be added to the SANYO / Jr. CYO Parents email list/GroupMe.

Teen members will be added to the St. Andrew CYO GroupMe list if possible.

I understand that registering for membership in the St. Andrew CYO commits me to being an active member. I also understand that I will act in an appropriate Christian manner towards both my peers and my adult chaperones, obeying all CYO rules as stated in the St. Andrew CYO Code of Conduct and as outlined by the CYO Director. In cases of inappropriate and/or dangerous behavior, the CYO Director shall determine the appropriate action, including both suspension and/or expulsion. By signing here, I understand and agree to the above terms.

Member Signature: _____

Parent Signature: _____

Date _____



PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

STUDENT INFORMATION

Student Name: _____

Parish/School Participating With: _____

Birth Date: _____

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Name of Event: _____

I, _____ (*parent/guardian name*), grant permission for my child, _____ (*student name*), to participate in the above-named event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of employees and/or volunteers from the above-named parish/school and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office.

As parent and/or legal guardian, I remain legally responsible for any actions of the above-named minor ("participant"). 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 agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the above named parish/school and/or Youth & Young Adult Ministry Office, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with the negligent or intentional acts of my child or third parties.

Parent/Guardian Signature: _____ Date: _____

PHOTO & VIDEO USE RELEASE

I grant permission for photographs or film to be taken of my child(ren)'s name, image, likeness, spoken words, student work, and/or performance with or without associating names thereto and in any form (hereinafter collectively referred to as "Works"), and to use, publish, display, distribute, produce, duplicate, sell, and copyright these Works in connection with any promotional material that may be created by the above-named parish/school and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office. I waive any claim for compensation of any kind for the use or publication of the Works of my child(ren). I acknowledge that the above-named parish/school and/or the Youth Young Adult Office have no responsibility in the misuse of these photographs or videos once published. I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the above-named parish/school and/or Youth & Young Adult Ministry Office, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, employees, agents and representatives all liability claims, loss or damage arising from or in connection with the use of these works.

Parent/Guardian Signature: _____ Date: _____

CODE OF CONDUCT/RULES & REGULATIONS FOR ARCHDIOCESE OF NEW ORLEANS YOUTH EVENTS

Student Name: _____

Parish/School Participating With: _____

VIOLETIONS OF ANY OF THE REGULATIONS LISTED BELOW MAY RESULT IN YOUR
IMMEDIATE RETURN HOME BY COMMERCIAL CARRIER AT PARENT/GUARDIAN'S EXPENSE

- Following these regulations is required for the entire duration of this activity.
 - Chaperones are to be respected at all times; instructions are to be followed.
 - Alcohol, smoking/vaping, illegal drugs, and weapons/dangerous items of any sort are forbidden.
 - Items of a political nature, particularly clothing, will not be permitted
 - Sexual activity inconsistent with the teachings of the Roman Catholic Church is forbidden.
 - No one is permitted to leave the area of a designated activity such as a retreat facility, meeting space, restaurant, hotel, tour location, etc. without the express permission and escort of a chaperone.
 - Anyone damaging property will be held responsible for the cost of damages. The participating parish/school and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office are not responsible for damage expenses that an individual incurs. Theft of property is forbidden.
 - If a participant uses prescription medication (i.e. insulin, Ritalin, pain medication, etc.), the group leader and/or activity director reserves the right to have adult chaperones hold and administer such medication.
 - You must be on time for all departures, arrivals, and other scheduled activities.
 - For overnight events: room assignments may not be changed once assigned at the event facility; members of the opposite sex may not enter each other's rooms at any time.
 - For overnight events: the announced curfew will be respected at night, and violations, especially those that involve hotel and/or facility management, security, or law enforcement will be dealt with seriously.
 - The participating parish/school and/or the Youth & Young Adult Ministry Office are *not* responsible for any lost or stolen items of value you choose to bring with you to any activities, such as laptops, expensive electronics, expensive jewelry, etc.
 - Consequences for violating any of these regulations may include loss of privileges in this program, on any trips, or future Archdiocesan activities, suspension, expulsion, informing of your school's administration, and being sent home during the event at parent/guardian's expense.
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I have read and discussed the regulations for this event, with my son or daughter and he or she is aware of them.

I understand that if my child violates the *Code of Conduct/Rules & Regulations for Archdiocese of New Orleans Youth Events*, any of the above-mentioned rules, or any others deemed necessary by the event director, parish/school group leader, and/or adult chaperones for the safety and welfare of the group, I agree to have my child sent home immediately at my expense. I understand that further disciplinary action may be taken upon return home depending upon the gravity of the violation.

Parent/Guardian Signature: _____ Date: _____

CHILD MEDICAL INFORMATION CONSENT FORM

To be kept on file at St. Andrew. Event specific event forms may be required.

General Instructions to Parents/Guardians:

Student Name: _____

Parish/School Participating With: St. Andrew the Apostle Church

SECTION I: MEDICAL MATTERS

As the parent/legal guardian of the above-named child, who is currently associated with the above-named parish/school and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office, I hereby authorize the above-named parish/school and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office or their assistants to carry out the authorizations I have delineated in areas of emergency medical treatment and other cases of illness. These authorizations inclusively extend from August 1, 2026 (*event start date*), through July 31, 2027 (*event end date*). 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. I agree on behalf of myself, my child named herein, and my spouse, our heirs, successors, and assigns, to indemnify, hold harmless, and defend the above-named parish/school and/or the Archdiocese of New Orleans' Youth & Young Adult Ministry Office, their members, directors, officers, employees, agents, and representatives from or in connection with any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained arising from negligence, fault, or strict liability related to facilitating or administering the medical treatment agreed to herein.

Parent/Guardian Signature: _____ 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, please contact:

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

Student Health Insurance Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

SECTION III: PRESCRIPTION MEDICATION: My child is currently taking prescription medication, and will be taking this medication at the time of the event. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and relevant information, including dosage and frequency of dosage, are as follows:

Parent/Guardian Signature: _____ Date: _____

SECTION IV: OVER-THE-COUNTER/NON-PRESCRIPTION MEDICATION: (PLEASE SIGN **ONLY ONE** OPTION)

- **OPTION 1:** I hereby grant permission for non-prescription medication (such as aspirin, ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent/Guardian Signature: _____ Date: _____

- **OPTION 2:** NO medication of any type may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Parent/Guardian Signature: _____ Date: _____

SECTION V: OTHER MEDICAL INFORMATION

(The participating parish/school and/or the Youth & Young Adult Ministry Office will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.): _____

*** If your child is in need of accommodations due to food allergies/dietary restrictions, please contact both your parish/school group leader, and the Youth & Young Adult Ministry Office, to discuss available options. ***

Date of last tetanus/diphtheria immunization: _____

Does your child experience any significant physical limitations?

Is your child subject to chronic homesickness, emotional reactions to unfamiliar situations, sleepwalking, bed-wetting, fainting, etc.?

Has child recently been exposed to any contagious disease or conditions, such as COVID-19, mumps, measles, chickenpox, etc.?

Yes No If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____