



# Matt's Cats Registration

July 1, 2024 to June 30, 2025

<b>Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Date of Birth:</b>	<b>Age:</b>
<b>School:</b>	<b>Grade:</b>
<b>Teen Email:</b>	
<b>Teen Shirt Size:</b> Child S Child M Child L Child XL Adult S Adult M Adult L	
<b>Mother's Name:</b>	<b>Mother's Cell:</b>
<b>Mother's Email:</b>	
<b>Father's Name:</b>	<b>Father's Cell:</b>
<b>Father's Email:</b>	
<b>Residing Church Parish:</b>	

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☐ Registration Fee: \$20 (*Can be paid by cash, check or Venmo > and can be dropped off at the School or Church Office.*)



St. Matthew the Apostle - C...  
@stmatthewcyo



# MATT'S CATS

Matt's Cats (St. Matthew's CATHolicS) is the middle school youth group at SMA Parish and School. All in grades 5th - 7th are invited to join for an experience of fellowship, faith & fun.

MEETINGS WILL BE HELD IN THE **SMA CAFETERIA** ON **WEDNESDAYS** FROM **3:30-4:30**. (NEW DAY, TIME PLACE!)

SEPT. 4

OCT. 2

NOV. 13

DEC. 4

JAN. 8

FEB. 12

MAR. 12

APRIL 2

MAY 7

All students must have a registration form on file.

Forms can be found on the Church website.

Please contact Becci Sheptock in the Church Office for more information: 504.737.4537 or smadre@arch-no.org.

St. Matthew the Apostle CYO/Matt's Cats  
**ARCHDIOCESE OF NEW ORLEANS**  
**MEDICAL INFORMATION AND CONSENT FORM**

**GENERAL INSTRUCTIONS:**

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.

**Section I. MEDICAL MATTERS**

As the parent/legal guardian of the above named child, who is currently associated with St. Matthew the Apostle Parish, I hereby authorize Fr. Lee Poche, or his 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 **July 1, 2024 through June 30, 2025**. 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:** \_\_\_\_\_ **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:

<b>Name and relationship:</b>	
<b>Phone 1:</b>	<b>Phone 2:</b>
<b>Family doctor:</b>	<b>Phone:</b>
<b>Health Plan Carrier:</b>	<b>Policy #:</b>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION III: OTHER MEDICAL TREATMENT**

In the event it comes to the attention of the parish, its officers, directors and agents, 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SECTION III: MEDICATIONS

(Sign only those that are applicable)

- My child is taking medications 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, are as follows:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- I hereby grant permission for non-prescription medication (such as aspirin, 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:** \_\_\_\_\_ **(YEAR)**

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. Matthew the Apostle Release Form

I, \_\_\_\_\_, the undersigned parent/guardian of \_\_\_\_\_ a dues paid member of St. Matthew the Apostle Middle School Youth Group (Matt's Cats), hereby grant permission to Matt's Cats and/or the Archdiocese of New Orleans to publish and/or print my/our child's name and/or likeness on the Parish website, Facebook, on the internet and/or world wide web.

I hereby further release, indemnify and hold harmless St. Matthew the Apostle Matt's Cats, the Roman Catholic Church of the Archdiocese of New Orleans, their directors, officers, agents, pastor, employees and insurers from any and all claims and/or damages on behalf of myself/ourselves and/or our child arising from the publication of my/our child's names, photograph, or likeness on videotape and/or film on the parish website, Facebook, on the internet or the world wide web.

This agreement shall remain in force and effect at all times during my child's membership in St. Matthew the Apostle's Middle School Youth Group (Matt's Cats).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SMA Matt's Cats Communication

The primary form of communication to parents regarding Matt's Cats will take place through email and Group Me. Parents are invited to join the following GroupMe to receive occasional updates/announcements about Matt's Cats. For some events, parents may be asked to help chaperone. Students will be given updates/announcements at school. Please feel free to contact Becci Sheptock (CYO Director) at anytime: Email: [smadre@arch-no.org](mailto:smadre@arch-no.org); Work: 504-737-4537 x 115; Cell: 240-506-1657.

### SMA Matts Cats



Scan the QR code to join the group

