

**St. MICHAEL CATHOLIC CHURCH
YOUTH MINISTRY REGISTRATION AND EMERGENCY FORM**

Please complete the entire form (front and back). **Please Print.**
Suggested Donation for Youth Group Registration: \$20 per family

STUDENT INFORMATION AND BACKGROUND

Student Name: _____
Last First Middle

Address: _____ **Youth's Cell Phone:** _____ **Text?** _____
Street City Zip (XXX) XXX-XXXX

Sex: **Male** **Female** **Date of Birth:** / / **Place of Birth:** _____
(Circle One) (MM/DD/YYYY) City, State

Current Grade: _____ **School Attending:** _____

Email Address of Parent: _____

Email Address of Student: _____

Home Phone: _____

INTERESTS

Please indicate those activities in which you would like to be kept informed.

Youth Group:	Yes	No
Sacramental Prep (Baptism, 1st Communion, Confirmation):	Yes	No
Mission Trips:	Yes	No
Leadership Camps/Opportunities:	Yes	No
Special Events (Youth Convention, Lock ins, etc):	Yes	No
Bible Study:	Yes	No
Volunteer Opportunities:	Yes	No
Social Events:	Yes	No

PARENTAL INFORMATION

Father's Name: _____ **Mother's Name:** _____
Last, First, Middle Last, First, Middle

Married: Yes No Divorced **Mothers Maiden Name:** _____
(Circle One)

Religion of Father: _____ **Religion of Mother:** _____

Child Lives with _____ **Religion of Mother:** _____
Mother Father Both Guardian
(Circle One)

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MEDICAL INFORMATION AND EMERGENCY RELEASE

This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.

Medical/Special Needs/Allergies: (Please list all medical or special needs, if none, write NONE.)

Medications: (Please list all known allergies, if none known, write NONE KNOWN)

Emergency Contact: _____ Phone: _____
Last, First, Middle (XXX) XXX-XXXX

Family Doctor: _____ Phone: _____
Last, First, Middle (XXX) XXX-XXXX

Mom Cell: () - Dad Cell: () -
(XXX) XXX-XXXX (XXX) XXX-XXXX

**AUTHORIZATION TO ENROLL IN YOUTH GROUP AND
AUTHORIZATION TO PROVIDE MEDICAL SERVICES AND RELEASE**

Parents: Do you authorize the enrollment of your child in the youth ministry program at St. Michael Church, and if you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you the parent(s)

Parent/Guardian: _____ Yes No Signature: _____

AUTHORIZATION TO TAKE, RELEASE AND PUBLISH PHOTOGRAPHS

Parents: Do you authorize the staff of St. Michael Church to photograph, publish and post photographs of your youth engaged in normal parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of youth activities?

Parent/Guardian: _____ Yes No Signature: _____