

## St. Mary Help of Christians Youth Ministry Registration 2016-2017

Registration form must be returned for youth to attend a Youth Ministry event.

Family Name: \_\_\_\_\_

Family Mailing Address: \_\_\_\_\_

(Street)

(City)

(Zip)

Home Phone Number: \_\_\_\_\_  **Registered at St. Mary's/Envelope #** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Preferred Cell Number to receive Youth Ministry texts: \_\_\_\_\_

E mail address(es) to receive Youth Ministry newsletters \_\_\_\_\_

Child's Name (Nickname)	Age	School	Grade	t Shirt Size	Please check if received			Please check if attending		
					Bapt.	1st Com.	Conf.	Sunday Morning	Middle School Evening	Life Teen Evening

*Allergies or special challenges of which we should be made aware of:* \_\_\_\_\_

**Emergency Contact (We will always call the parent first, if we are unable to reach you we will call person listed below):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_ Please check if you wish to be notified for summer camps, retreats or service camps appropriate for your child's age.

**There is registration fee of \$20.00, family \$40.** You do Not have to pay this fee if you have paid the maximum fee for Faith Formation Classes, \$120. **Please make checks payable to St. Mary Help of Christians Church.**

**Office use only:** Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_

**Parents**, would you be willing to help serve dinner for a Life Night or Middle School night?      Yes      No

**Parents**, would you serve by volunteering with Youth Ministry as a ... Core Team    Chaperone    Driver

We need all kinds of help both part time, once a month or every week, picking up food or donuts, helping watch the parking lot at dismissal or helping with fund raisers behind the scenes. Please write below how you can help.

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

**Other Medical Treatment:** In the event my child(ren) becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, or other mild symptoms, I will be contacted and advised. No medication of any type, whether prescription or non-prescription, may be administered to my child(ren) unless the situation is life-threatening and emergency treatment is required.

**Photograph Release:** I hereby authorize and consent for St. Mary's Church to publish all photographs, videos and voice recordings in which my child(ren) appear while enrolled as participant(s) in St. Mary Help of Christians Youth Ministry.

**Church, Chapel, School Visits:** I hereby authorize and consent for my Child(ren) to walk between St. Angela Hall, Smith Hall, Ste Claire Chapel, Old St. Mary's Church on Park Ave and St. Mary's Church on Fairfield St. with Youth Ministry personnel during youth Ministry times.

**Parent/Guardian signature:** \_\_\_\_\_

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

*In order to be confirmed, teens must complete 2 years of Faith Formation in either our Catholic school or during Sunday Morning Youth Ministry. Teens will be confirmed in 8<sup>th</sup> grade or older.*