

2016-2017 SAINT JOHN PAUL II YOUTH MINISTRY REGISTRATION FORM

TEEN NAME: _____ BIRTHDAY: ____/____/____

I PREFER TO BE CALLED: _____

PARISH: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ - _____ TEEN CELL PHONE: (____) ____ - ____ TEXT? Y/N

CURRENT SCHOOL: _____ CURRENT GRADE _____

TEEN EMAIL: _____

ALLERGIES/Health Concerns: _____

MOTHER'S NAME: _____ CELL PHONE: (____) ____ - ____ TEXT? Y/N

MOTHER'S EMAIL: _____

FATHER'S NAME: _____ CELL PHONE: (____) ____ - ____ TEXT? Y/N

FATHER'S EMAIL: _____

EMERGENCY CONTACT: Please list an individual and phone number other than any that appear above.

NAME: _____ PHONE: (____) _____ - _____

RELATIONSHIP TO TEEN: _____

SACRAMENTS RECEIVED AND DATE: BAPTISM _____ HOLY COMMUNION _____
CONFIRMATION _____

ALL YOUTH MINISTRY MEMBERS ARE EXPECTED TO:

- Show respect for everyone you come in contact with, by your actions and your words. This means that making fun of others and cutting each other down is not acceptable.
- Respect your brothers and sisters in Christ. (e.g., do not speak when someone else is speaking.)
- Respect the facilities. (e.g., do not throw or kick balls at the doors or walls, no standing, walking or running on church furniture or chairs, clean up after yourself.)
- No obscene language.
- No drugs, alcohol, or tobacco use.
- No Weapons
- Public displays of affection while at church functions are inappropriate. This detracts from our purpose as we meet together. Youth leaders will model appropriate behavior.

- For the safety and well being of all, every meeting and event has physical boundaries. Stay within those boundaries.

My parent and I understand the guidelines above and realize, if violated, actions deemed necessary by the Youth Minister will be taken which may include parental contact.

Parent Signature /Teen Signature

PHOTOGRAPHY/VIDEOGRAPHY WAIVER: I understand that my child may be photographed or recorded on video during the course of youth ministry events. By initialing below, I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future retreats and youth group activities.

Initials of Parent/Guardian: _____

Any questions please contact Sara Ragan at youthminister@saintpatricksparish.org