



Youth's Full Name: _____

Birth Date: _____ Gender: _____ Grade: _____ T-Shirt Size: _____

School: _____

Parent's Email: _____

Youth's Email: _____

Sacraments Needed: Baptism Reconciliation Communion Confirmation

2nd Youth's Full Name: _____

Birth Date: _____ Gender: _____ Grade: _____ T-Shirt Size: _____

School: _____

Youth's Email: _____

Sacraments Needed: Baptism Reconciliation Communion Confirmation

Family's Last Name: _____ Home Phone: _____

Address: _____

City, Zip: _____

Father's Full Name: _____ Mother's Full Name: _____

Father's Cell #: _____ Mother's Cell #: _____

Diocese of Orlando Photo/ Video Permission

Consent, Waiver, Release

For and in consideration benefits to be derived from the furtherance of the educational programs of the Diocese of Orlando, (I) (We), the undersigned parent(s) or legal guardian(s) of _____ student(s) enrolled in the St. Joseph Religious Education / Youth Ministry, do hereby consent, authorize and grant permission to the Dioceses of Orlando and St. Joseph Winter Haven, FL, its agents, employees or duly authorized representatives to take photographs, motion picture videos, audio tapes, of student and do further consent to the publication, circulation and dissemination of said photographs, motion pictures, video or audio tapes or any duplication or facsimiles thereof for any purpose it may deem proper.

Date: _____ Parent Signature: _____