ST SYLVESTER PARISH LIFE TEEN **REGISTRATION FORM**

_____

First Name Middle Last Name Preferred Name

Address: _____

Teen's Email: _____ Cell Phone: _____

Birthday: _____Gender _____ T-shirt Size: _____ High School/Yr: _____

Parent/Guardian Name (s) _____

Parent Email: _____ Cell Phone: _____

In the event of an EMERGENCY, and parents are unable to be reached, please contact:

Name:_____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Annual Medical Information Form on file _____

SACRAMENTAL INFORMATION

Teen has received the following Sacraments:

_____Baptism _____First Communion _____First Reconciliation _____Confirmation

TRANSPORTATION & PHOTO/MEDIA RELEASE

I grant permission for my child to be transported to and from ministry events by St Sylvester staff and volunteers. _____(initial)

I grant permission for photographs or video taken of my child in this ministry to appear on any communication mediums of the Diocese of Pensacola-Tallahassee, and any of its affiliated organizations. I understand that images of my child will only be used for promotional, news, or public relations purposes in print and/or electronic media pertaining to this ministry. _____(initial)

I grant St Sylvester Life Teen Core Team and Youth Minister, Eileen Eley, permission to contact my child in the following ways:
Facebook _____ Email _____ Cell Phone _____ Text Message _____

I grant permission for photos of my child to appear on Facebook for Life Teen: Yes ___ No ___

Parent/Guardian Signature _____ Date _____