

Our Lady of the Valley
Youth Group
(Grades 8-12)
Registration Form

Teen Information

Name: _____

Date of Birth: _____ Male: _____ Female: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

School Name: _____ Grade: _____

Parent/Legal Guardian Information

FAMILY Last Name: _____

Father's Name: _____ Cell Number: _____

Mother's Name: _____ Cell Number: _____

Preferred Email Address: _____

Should there be a medical emergency, 911 will be called. I agree that any cost of expense related to any emergency will be paid by me, by my insurance company or any benefit plan of mine cannot be reached:

Parent Signature: _____

Alternate Emergency Contact

Parents are our first in the event of an emergency, please provide an alternate contact in the event parents cannot be reached:

Full Name: _____

Relationship to the Student: _____

Cell Number: _____

Our Lady of the Valley
Religious Education and Youth Ministry
Photo Release Form

Throughout the year photographs will be taken during various events with the students such as group sessions during class, conferences, pilgrimages, retreats, class parties and fundraisers involving the students. Photos may appear in the Bulletin, Parish Website and Facebook.

If you allow your student to participate, please mark the correct box and sign below granting permission.

☐

Yes, my child/teen _____ has permission to be photographed during any event that is related to Religious Education and Youth Ministry as mentioned above.

☐

No, my child/teen _____ does not have permission to be photographed during any event that is related to Religious Education and Youth Ministry as mentioned above.

Parent Signature: _____

Date: _____

Teen Affirmation

I will follow the instructions of the Youth Minister and Core team leaders. I will conduct myself properly while in attendance of Youth Group and all events related to Youth Group.

Teen's signature: _____