



## High School Youth Ministry Registration

Today's Date: \_\_\_\_\_

Is this your first time coming to LIFETEEN    Yes    No

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Child's E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Cell Phone #: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT: (Different from above)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**ACTIVITIES/INTERESTS:**

What do you like to do after school, sports, extracurricular activities etc. and when do they meet?

Activity	When do you meet; have performances; games etc.

**Medical History:**

Is the Candidate taking any medication that needs to be given during class? If yes, what medication and when is it to be given?

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**Does the candidate have any medical conditions or allergies we need to be aware of?**

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**Photograph and/or Video Consent and Release:**

By Signing below, I hereby grant Holy Name of Jesus the right to photograph and/or videotape the Candidate and further use his/her name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without any reservation, limitation or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of Candidate's name, face, likeness, voice and appearance.

Signature of Parent/Guardian: \_\_\_\_\_

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