

Youth Ministry Registration

2020-2021

Do you want to attend classes: in English or in Spanish
 in Person or at home/on line

Are you preparing to receive any of the following Sacraments? (Check all that apply)

Baptism First Communion (1st Year) Confirmation (1st Year)

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State/Zip: _____

Cell Phone #: _____ Child's E-Mail Address: _____

School: _____ Grade: _____

Best way to contact you: Email Text Phone Call

Father's Name: _____

Father's Cell Phone #: _____ Father's E-Mail: _____

Mother's Name: _____

Mother's Cell Phone #: _____ Mother's E-Mail: _____

Best person to contact: Mother Father

Best way to contact parent: Email Text Phone Call

EMERGENCY CONTACT: (Different from above)

Name: _____ Relation: _____

Home Phone #: _____ Cell Phone #: _____

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?

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

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: _____