



ST. BENEDICT
CATHOLIC CHURCH

Sr. High Youth Ministry
Registration 2014-2015

Registration form must be returned for youth to attend a Youth Ministry event. There is registration fee of \$20.00. Please make checks payable to St. Benedict Catholic Church. (memo: Sr. High Youth Ministry)

Youth:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Adult T-Shirt Size: _____

Name of School: _____ Grade: _____

Outside Interest (sports, music, art, etc.): _____

Sacraments Received (please circle all that apply): Baptism Reconciliation 1st Communion Confirmation

Allergies or special problems of which we should be made aware of: _____

Does youth have health insurance: Yes No **If yes, please provide a copy of the card.**

Name of Health Insurance Company: _____ Group Number: _____

Name of Insurance Card: _____ ID Number: _____

Preferred Contact Information:

Mailing Address: _____
(Street) (City) (Zip)

(1) Name: _____ Relationship to Youth: _____

Email: _____ Phone Number: _____

(2) Name: _____ Relationship to Youth: _____

Email: _____ Phone Number: _____

Emergency Contact (If unable to reach one of the above):

Name: _____ Phone: _____ Relationship: _____

Permission for youth to receive texts and/or emails:

I give my permission for my child to receive text messages _____ yes _____ no and/or receive emails _____ yes _____ no from April Johnston between the hours of 9am to 7pm.

Youth Cell: _____ Youth Email: _____

If you would like to receive a copy of these texts/emails please provide your information below:

Cell: _____ Email: _____

Permission for youth to be Photographed:

I give my permission for my child to be photographed at youth ministry events and understand that the photographs may be used for publicity, ect. _____ Yes _____ No

Misc. Information:

Would you be willing to provide a meal for a Youth Group Gathering? _____ Yes _____ No

Are you interested in volunteering with Youth Ministry? _____ Yes _____ No

If so are you currently Virtus Certified? _____ Yes _____ No

Signature of Parent/Guardian: _____ **Date:** _____
