

WILLIAM
Youth Ministry

Family Last Name: _____ Address: _____ City/Zip: _____

Father/Guardian: _____ Phone: _____ Work: _____

Mother/Guardian: _____ Phone: _____ Work: _____

Registered Parish: _____ Comments: _____

Family Email for communication (please print clearly in the boxes below)

[illegible]

PLEASE SIGN PERMISSION RELEASE ON BACK

Youth Name: _____ Gender: **M** **F** Date of Birth: _____ Cell Phone: _____

School: _____ Jr High Life: **6 7 8** Life Teen: **9 10 11 12**

Circle	Sacraments received	Baptism	Eucharist	Reconciliation	Confirmation
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Circle Sacraments requesting	Baptism	Eucharist	Reconciliation	Confirmation (Grades 9-12)
_____	_____	_____	_____	_____

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Circle Sacraments requesting	Baptism	Eucharist	Reconciliation	Confirmation (Grades 9-12)
_____	_____	_____	_____	_____

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Circle Sacraments requesting	Baptism	Eucharist	Reconciliation	Confirmation (Grades 9-12)

Program fees:

Jr. High Life.....\$30 each teen

Life Teen.....\$30 each teen

Confirmation.....\$20 each teen

Financial help available

Youth _____ x \$30 \$ _____

Sacramental Preparation \$ _____

Donation to Youth Ministry \$ _____

TOTAL COST \$ _____

Amt. Paid \$ _____

Balance Due \$ _____

Office Use

CK# _____

Amount _____

Data Base _____

Permission Release

Please read, check and sign

- ☐ I do hereby give permission for my child(ren) to participate in the Sacred Heart Youth Ministry program. I agree to hold the Diocese of Boise, Sacred Heart Parish, staff, and volunteers free from liability for any illness or injury that might be incurred by my child(ren) during these events. Should any injury occur, I hereby give my permission for my child(ren) to receive treatment from a physician to be selected by a Sacred Heart staff Member if s/he is unable to reach me or an emergency contact.
- ☐ I understand that Sacred Heart parish, staff, and volunteers are not responsible for my child(ren)'s transportation to and from Sacred Heart Youth Ministry events. Nor is Sacred Heart Parish, staff, or volunteers responsible for my child(ren) should they leave the immediate area where the event is taking place or choose to stay after an event has taken place.
- ☐ I give Sacred Heart Parish permission to use photographs/videos which include my child(ren) in parish related communications. If you do not wish your child(ren) to be photographed or filmed, please notify the Youth Minister in writing.
- ☐ By registering my child(ren), I understand that I am still the primary religious educator for my child(ren). I will strive to live and practice my Catholic faith and will be a good example for my child(ren) to follow.

Parent/Guardian Signature

Date Signed

Please provide at least one emergency contact will be contacted if we cannot reach the parent's/primary contact first.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Interested in volunteering?

Please circle the way in which you would like to volunteer: Core Team Food/Drinks ICYC/Retreats

Other talents you are able to share: _____

Name and email address of volunteer: _____