

# SPIRITUS CHRISTI CHURCH

121 N. Fitzhugh Street, Rochester, NY, 14614

Phone: (585) 325-1180

FAX: (585) 325-1191

## YOUTH MINISTRY REGISTRATION FORM

|   |      |                   |                   |
|---|------|-------------------|-------------------|
| Family Name: _____                              |      |                   |                   |
| Address: _____                                  |      |                   |                   |
| Street  | City | State             | Zip               |
| Home Phone: _____                               |      |                   |                   |
| Parent Name: _____                              |      | Work Phone: _____ | Cell Phone: _____ |
| Parent Name: _____                              |      | Work Phone: _____ | Cell Phone: _____ |
| EMAIL Address: _____                            |      |                   |                   |
| ( ) Yes, you can communicate with me via e-mail |      |                   |                   |

|  |      |                   |     |
|--|------|-------------------|-----|
| Name, address and phone # of parent if different from above: |      |                   |     |
| Name: _____  |      |                   |     |
| Address: _____   |      |                   |     |
| Street   | City | State             | Zip |
| Phone: _____   |      | Cell Phone: _____ |     |

|   |         |                       |
|---|---------|-----------------------|
| Teen's Name: _____  |         |                       |
| (Last)  | (First) | (Middle)              |
| Date of Birth (Mo/Day/Yr): _____  |         |                       |
| School Attending: _____   |         | Grade in Sept.: _____ |
| Will teen be preparing for the sacrament of Confirmation? (Y) (N) (I do not know yet) |         |                       |

|   |         |                       |
|---|---------|-----------------------|
| Teen's Name: _____  |         |                       |
| (Last)  | (First) | (Middle)              |
| Date of Birth (Mo/Day/Yr): _____  |         |                       |
| School Attending: _____   |         | Grade in Sept.: _____ |
| Will teen be preparing for the sacrament of Confirmation? (Y) (N) (I do not know yet) |         |                       |

### **PHOTO RELEASE - IMAGE USE PERMISSION**

We occasionally use photographs taken at events for the website, facebook and/or instagram and bulletin boards to promote future events or showcase past events.

- Yes, you can use photographs of my child for media purposes and church event promotion
- Yes, you may use my child's image - I need to see the photograph first to allow it
- No, you do not have my permission to use my child's image for any reason

Please indicate whether your teen has any special needs: (including known allergies)

Teen's Name: \_\_\_\_\_

Teen's Name: \_\_\_\_\_

Who should be notified in case of an emergency (If a parent cannot be reached)?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Family Physician/Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is there anyone to whom the teen cannot be released? (Y) (N) If yes, who?  
\_\_\_\_\_

Please list any addition information you feel we should know:

In signing this form, which includes health information, I hereby certify that the information herein is correct, I give permission for my teen to be transported in privately owned vehicles for medical and other emergency purposes, and for the release of medical records to an attending physician in the case of injury or illness.

In the case of an emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my teen names herin.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE REL. ED. OFFICE @ 325-1180

OFFICE USE ONLY

- UPDATED DATABASE FILE IN COMPUTER
- UPDATED EMAIL CONTACT
- UPDATED EMAIL CONTACT