

## St. Fabian Youth Ministry Registration Form 2018-2019

### Student Information

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Religion: \_\_\_\_\_

Gifts/Talents: \_\_\_\_\_

Activities and/or Athletics you are involved with: \_\_\_\_\_

Areas I would like to cover in my youth group journey this year, things I would like to learn more about, discuss, etc.  
(check those that apply)

Spirituality  Bible Study  Relationships  How is faith relevant in my life  Social Justice

Suggestions for this year: \_\_\_\_\_

Are you involved in any of the following (check all that apply):

Endless Praise (youth band)  Lector  Eucharistic Minister  Usher  Catechist/VBS  YG leadership

Would you be interested in being trained for any of the above positions? If so, please list which ones: \_\_\_\_\_

### Parent Information

Father's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different than teen's): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone contact: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ Religion: \_\_\_\_\_

Address (if different than teen's): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone contact: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact person should we be unable to reach parent(s):

Name: \_\_\_\_\_ Relationship to teen: \_\_\_\_\_

Contact number: \_\_\_\_\_

St. Fabian Youth group is \$50.00 per teen (grades 9-12). No late fees will be imposed, but in the interest of planning and ordering materials, we kindly request that you register by September 10<sup>th</sup>. Please complete all parts of this form and make checks to St. Fabian

\*please see reverse of this page

**MEDICAL TREATMENT AUTHORIZATION FORM**

**TO WHOM IT MAY CONCERN:**

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

**STUDENT'S NAME:** \_\_\_\_\_ **RELATIONSHIP TO YOU:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Type of activity/year this release is intended:** Youth Group activities 2017-2018

**PARENTS/LEGAL GUARDIAN**

**FATHER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

List any allergies, medication, or other pertinent comments:

\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data: Company:** \_\_\_\_\_ **Policy:** \_\_\_\_\_

**Group:** \_\_\_\_\_ **Contract:** \_\_\_\_\_

List an additional emergency contact that is NOT a parent who will assume care of your child if you cannot be reached.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

This form is completed and signed by my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

**Date:** \_\_\_\_\_ **Signature of parent/guardian:** \_\_\_\_\_

**MEDIA CONSENT FORM**

In addition, I give permission for my child's name to accompany my child's photo or video to be published for community relations/PR purposes, etc.

**Print name of parent/guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

Parents may cancel this authorization at any time by providing written notice to Mrs. Kim Kerwin, Youth Ministry Coordinator.

<b>FOR OFFICE USE ONLY</b>
<b>DATE:</b> _____
<b>AMT. PAID:</b> _____
<b>AMT OWEED:</b> _____
<b>Cash</b> _____ <b>Check</b> _____