

St. Fabian Youth Ministry Registration Form 2020-2021

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 10th. 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.

FOR OFFICE USE ONLY
DATE: _____
AMT. PAID: _____
AMT OVED: _____
Cash _____ Check _____