

St. Thomas Youth Ministry

Registration/Permission/Liability Release Form - For Students and Parents 2010-2011

TEEN FAITH Junior High

Student's Name: _____
Date of Birth: _____ Age as of Fall: _____
Grade: _____ School: _____
Email: _____ Cell Phone: _____

Student's Name: _____
Date of Birth: _____ Age as of Fall: _____
Grade: _____ School: _____
Email: _____ Cell Phone: _____

TEEN FAITH High School

Student's Name: _____
Date of Birth: _____ Age as of Fall: _____
Grade: _____ School: _____
Email: _____ Cell Phone: _____

Student's Name: _____
Date of Birth: _____ Age as of Fall: _____
Grade: _____ School: _____
Email: _____ Cell Phone: _____

Mailing Information

Parent's Name(s): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Parent's Work Phone: _____
Cell Phone: _____ Email: _____

2nd Address (if necessary)

Parent's Name(s): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Parent's Work Phone(s): _____
Cell Phone: _____ Email: _____

****Adults "I am interested in participating in ministering to our Youth with the Teen Faith Program. Please call me with more information.**

Name: _____ Phone: _____

~ Please Fully Complete both sides including signatures from adults and students! ~

Permission and Release of Medical Information and Liability Form

***This form MUST be signed by BOTH Parent(s)/Guardian AND Student(s)!!!**

***Parent(s) or Guardian(s)**

I, (parent(s) or guardian) _____, give permission for my son/daughter(s), _____, to participate fully in any or all Teen Faith activities in this 2010-2011 year. This includes activities at or away of the St Thomas the Apostle Catholic Church property and, if and when necessary, transportation. I do not hold St. Thomas the Apostle Catholic Church, its employees, volunteers or anyone involved in in-house or outreach activities liable for injury, sickness, death or property damage whatsoever incurred or suffered by my son/daughter(s). I also take full responsibility for transportation of my son/daughter(s) from any activity if by their choice of negative, illegal or inappropriate behavior, the Youth Director or volunteers deem it necessary for the students(s) to return home. I agree to allow any photos taken at Church related events, in which my children appear, to be used in flyers, newsletters, web sites, or any sharing or promotional material for Saint Thomas the Apostle Youth Ministry.

In the event of an emergency in which medical treatment is required, I give permission to the Youth Director and/or volunteer(s) to obtain the services of a licensed physician. I wish to be notified immediately in the event of an emergency.

*Signature of Parent or Guardian: _____ Date: _____

Emergency Phone: _____

Student(s)

I, (student(s) _____), wish to participate in Teen Faith activities in this 2010-2011 year. I do not hold St. Thomas the Apostle Catholic Church, its employees, volunteers or anyone involved in in-house or outreach activities liable for injury, sickness, death or property damage whatsoever incurred or suffered to myself. This includes on or away from St Thomas the Apostle Catholic Church property and, if and when necessary, transportation. I also agree to take full responsibility for my choices of negative, illegal or inappropriate behavior, and will comply with the above commitment of my parent/guardian to be transported if the Youth Director or volunteers deem it necessary for me to be sent home. I agree to allow any photos taken at church related events, in which I appear, to be used in flyers, newsletters, web sites, or any sharing or promotional material for Saint Thomas the Apostle Youth Ministry.

*Signature of Student: _____ Date: _____

*Signature of Student: _____ Date: _____

*Signature of Student: _____ Date: _____

*Signature of Student: _____ Date: _____

Please be aware of the following medical conditions and medications for the Youth on this form:

Other specific needs: (eg: diet, allergies, diabetic, etc.)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____