

**2022-2023 ST. PATRICK CHURCH MIDDLE AND HIGH SCHOOL YOUTH MINISTRY REGISTRATION FORM**

TEEN NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_

I PREFER TO BE CALLED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TEEN CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TEXT? Y/N

CURRENT SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

TEEN EMAIL: \_\_\_\_\_

ALLERGIES/Health Concerns: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TEXT? Y/N

MOTHERS EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TEXT? Y/N

FATHER'S EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: Please list an individual and phone number other than any that appear above.

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP TO TEEN: \_\_\_\_\_

SACRAMENTS RECEIVED AND DATE: BAPTISM \_\_\_\_\_ HOLY COMMUNION \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

**ALL YOUTH MINISTRY MEMBERS ARE EXPECTED TO:**

- Show respect for everyone you come in contact with, by your actions and your words. This means that making fun of others and cutting each other down is not acceptable
- Respect your brothers and sisters in Christ. (e.g., do not speak when someone else is speaking.)
- Respect the facilities. (e.g., do not throw or kick ball at the doors or walls, not standing, walking or running on church furniture or chair, clean up after yourself.)
- No obscene language.
- No drugs, alcohol, or tobacco use.
- No Weapons
- Public displays of affections while at church functions are inappropriate. This detracts from our purpose as we meet together. Youth leaders will model appropriate behavior.
- For the safety and well-being of all, every meeting has physical boundaries. Stay within those boundaries.

My parent and I understand the guidelines above and realize, if violated, actions deemed necessary by the Youth Minister will be taken which may include parental contact

\_\_\_\_\_  
Parent Signature & Teen Signature

PHOTOGRAPHY/VIDEOGRAPHY WAIVER: I understand my child may be photographed or recorded on video during the course of youth ministry events. By initialing below, I provide for their image to be used in either print, electronic, or video form the promotional purpose of future and youth groups activities. Initial of Parent/Guardian: \_\_\_\_\_

Any questions please contact **Jessica Bailes** at [youthministry@spccgv.org](mailto:youthministry@spccgv.org).