



St. Gabriel Youth Ministry

“Relentless Father”

Life Teen Registration Form

We will be communicating by Group Me and E-mail whenever possible

1st YOUTH'S FULL NAME _____

BIRTH DATE _____ GENDER _____ GRADE _____

SCHOOL _____

YOUTH'S E-MAIL ADDRESS _____

2nd YOUTH'S FULL NAME _____

BIRTH DATE _____ GENDER _____ GRADE _____

SCHOOL _____

YOUTH'S E-MAIL ADDRESS _____

T-SHIRT SIZE(s) (Adult) XL _____ L _____ M _____ S _____ Other _____ (Youth) L _____ M _____ S _____

Family's Last Name _____ Home Phone Number _____

Address _____ City, State, ZIP _____

Father's Full Name _____ Mother's Full Name _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Email Address _____ Mother's Email Address _____

Check all that apply: We Text _____ We use Twitter _____ We have Facebook _____ We have Instagram _____

We have Group Me _____

I would like to help with meals for Life Teen. If would like to help as a Core Team Member.

If you would like to assist on Retreat and Big Events.

Donation \$25 per teen

Please make checks payable to St. Gabriel.

Amount Paid \$ _____ Check # _____ Cash _____

NO HIGH SCHOOLER IS EVER TURNED AWAY FOR LACK OF FUNDS

Please complete additional registration information on the back of this form

This information is confidential

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

Name of Child _____ Special Need _____

Describe any allergy, chronic illness or other conditions:

Does this child take any medications? NO _____ YES _____ List: _____

My child has no special needs _____

In case of emergency, please contact: _____ Phone _____

Check the appropriate box ONLY if the statement applies

High School Youth has not been baptized in the Catholic Church _____

I/We would like to discuss baptism and/or sacrament preparation for our high school youth _____

Registered at (your parish name here) _____ YES _____ NO _____

MODEL RELEASE STATEMENT

- I hereby grant permission for my child to be photographed and/or videotaped during *Life Teen* Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting *The Life Teen Program* and/or youth programs at **St. Gabriel**.

Name (PLEASE PRINT) _____

(Signature) _____ DATE _____

- I hereby decline to grant permission for my child to be photographed and/or videotaped during *Life Teen* activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify *Life Teen* coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.

Name (PLEASE PRINT) _____

(Signature) _____ (DATE) _____