



**St. Teresa of Avila Parish**

1260 S. Trooper Road

Audubon PA 19403

stavilayouth@gmail.com

**2019-2020 Youth Ministry Registration Form**

For Christian youth in grades **7-12**

*Please supply all requested information. Print clearly.*

Child's Full Name (First, MI, Last)	M/F	Baptism Date & Parish	Confirmation Date & Parish	DOB	Name of School and Grade

Are you registered members of STA Parish?    YES        NO

If not, where are you registered and/or attend services? \_\_\_\_\_

Family Name: \_\_\_\_\_ Family Email: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip Code

**Father's** Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's** Full Name (with maiden): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home or **best** phone: \_\_\_\_\_

**Student lives with (please circle):**    ☐ Both Parents    ☐ Mother    ☐ Father    ☐ Other (please specify): \_\_\_\_\_

**CUSTODY: Are there any custody/legal issues?**    ☐ YES    ☐ NO    (If YES, please attach a complete copy of the latest court order.)

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**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:** I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the youth ministry programs.

**MEDICAL INFORMATION:** If any of the following apply to your child, please list his or her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications

Please tell us some information about your child that we should know:

☐ **I give permission** for my child's email and cell phone number listed below to be shared with adult leaders of STA youth ministry for purposes of communications related to group activities. **Email Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

☐ **I give permission** for my child's name and/or picture to appear on parish websites, bulletins, and related media in relation to events that happen in youth ministry and the parish.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_