



Youth Ministry: 6th-12th grade

REGISTRATION FORM 2023-2024

Please complete the front and back of this form in blue or black ink and attach payment made payable to **St. Martin of Tours**. Return to the Parish office or Helen Deen.

SELECT PROGRAM

- ☐ Middle School Youth Group
☐ High School Youth Group (Confirmation, Post Confirmation and Core Team)

STUDENT INFO (For First Communion or Confirmation registration, please provide copy of baptism certificate)

First Name _____ Middle _____ Last _____

Gender: M / F Birth Date: ____/____/____ Grade: _____ School: _____

Primary mailing address: _____

Student Email: _____

Has the student been Baptized? Yes / No If yes, where (parish)? _____

Has the student received First Communion? Yes / No If yes, where (parish)? _____

Has the student received Confirmation? Yes / No If yes, where (parish)? _____

Parish registered and attending _____

PARENT/GUARDIAN INFO

Father/Guardian: First _____ Last _____

Mailing address: _____

Mobile # (____) _____ - _____ Text: Y / N? Work # (____) _____ - _____ ext. _____

Religion (if not Catholic): _____ Email: _____

Mother/Guardian: First _____ Last _____

Mailing address: _____

Mobile # (____) _____ - _____ Text: Y / N? Work # (____) _____ - _____ ext. _____

Religion (if not Catholic): _____ Email: _____

Would you like more information about Youth Ministry volunteer opportunities? Y / N

TUITION FEES

\$50.00 for Middle School

\$75.00 for High School

Please note that there will be other fees for outings, retreats, youth days, and conferences.

Medical Information and Emergency Release

This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.

Medical/Special Needs/Allergies: (Please list all medical or special needs, if none, write NONE)

Medications: (Please list all medications your child is currently taking)

In Case of an Emergency:

Health Insurance: _____ Insurance Policy #: _____

Family Doctor _____ Ph. _____

Emergency Contacts (Other than parent/guardian)

Name _____ Relationship to child _____ Ph _____

Name _____ Relationship to child _____ Ph _____

Is there anything else you would like us to know about your teen? _____

Authorization to enroll in Youth Ministry & Authorization to provide Medical Services and Release

Parent/Guardian: Do you authorize the enrollment of your child in the Youth Ministry Program including the sacrament program at St. Martin of Tours Catholic Church? If you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities, immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you.

Parent/Guardian ____ Yes ____ No Signature _____

Authorization to Take, Release and Publish Photographs

Parent/Guardian: I authorize the staff of St. Martin of Tours Catholic Church to photograph, publish and post photographs of my child participating in parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of student activities.

Signature: _____

Date: _____