



The following form is used by the Youth Ministry program at St. Augustine to communicate with and accommodate participating youth and parents.

PLEASE ANSWER EVERY QUESTION & PRINT ALL ANSWERS LEGIBLY

YOUTH FIRST NAME:

YOUTH LAST NAME:

NICKNAME/PREFERRED NAME (if any)

GENDER:

HOME ADDRESS

CITY, STATE, AND ZIP CODE:

HOME PHONE NUMBER:

DATE OF BIRTH:

SCHOOL:

GRADE:

PARENT/GUARDIAN 1

NAME:
<input type="text"/>
CELL PHONE:
<input type="text"/>
E-MAIL ADDRESS:
<input type="text"/>
RELATIONSHIP TO YOUTH:
<input type="text"/>

PARENT/GUARDIAN 2

NAME:
<input type="text"/>
CELL PHONE:
<input type="text"/>
E-MAIL ADDRESS:
<input type="text"/>
RELATIONSHIP TO YOUTH:
<input type="text"/>

YOUTH CONTACT INFO:

****NOTE:** All email and text messaging communication between the Youth Ministry and youth will include parents. Parents will be copied in all email communication and text messages using Flock Notes.

****Youth will primarily be e-mailed event reminders, service opportunities, surveys, etc.**

Youth E-mail:

Youth Cell:

Please complete back of registration form→

EMERGENCY CONTACT:

In the case that we can not contact both parents/guardians, please indicate who we should contact in the event of an emergency.

NAME:

HOME PHONE NUMBER:

RELATIONSHIP TO YOUTH:

CELL PHONE NUMBER:

HEALTH & SAFETY

Please list any allergies, health concerns or information pertinent to the youth's health and safety. Please note that there will be times when events/youth nights **include physical activity, food/snacks and discussions about mental health**. In order to accommodate the needs of your child, please let us know of any circumstances or conditions that may affect them.

ALLERGIES:

MEDICAL CONCERNS AND/OR SPECIAL NEEDS:

MEDICATIONS:

ANY OTHER RELEVANT INFO:

DIET CONCERNS:

MEDIA RELEASE In order to abide by the guidelines set forth by the Archdiocese of New York and the Safe Environment Program, the Church of Saint Augustine requests that you complete the following release in regards to photographs, recordings and videos produced, edited and published by the Church of Saint Augustine.

YES. I hereby grant permission for my child, and/or the youth for which I have been granted guardianship, to be photographed, recorded and/or videoed. I understand that youth may decline to be photographed at any time. I further grant permission for the resulting photograph, recording and/or video to be edited, and published and/or broadcasted for the purposes of promoting Youth Ministry programs at St. Augustine and elsewhere.

NO. I do not consent to the taking of photographs, recordings, videos, and images capable of reproduction in any medium of me or my children or the children of whom I am the designated guardian,

PARENT & FAMILY INVOLVEMENT

We need your help! Please indicate any way your family can help make youth ministry a success. **Check all that apply:**

**all volunteers in direct contact with youth are subject to a background check and safe environment 30 min. video presentation in an effort to protect all youth.

- Help with events, Edge Nights, fundraising etc.
- Assist with occasional office tasks, data entry, mailings, phone calls etc.
- Provide food/snacks for an Edge Night
- Chaperone events, trips, or retreats
- Other: _____

Anything else? Questions/comments:

I acknowledge that all above information is correct and complete. I grant permission for my child to be involved in all activities and events hosted by St. Augustine unless otherwise specified.

PARENT SIGNATURE _____