

Jr. High
6-8th grade

ST. MARIA GORETTI
YOUTH MINISTRY FORMATION
REGISTRATION FORM 2009—2010

High School
9-12th grade

STUDENT INFORMATION:

Youth name

Home address

Email address

Date of birth

Name preferred to be called

Home phone

Sacraments needed

School attending

Grade in school

PARENT INFORMATION:

Father's name

Home address (if different from student)

Email address

Mother's name

Home address (if different from student)

Email address

Home phone

Work phone

Cell phone

Home phone

Work phone

Cell phone

EMERGENCY INFORMATION:

Emergency contact:(other than parents) Name: _____

Phone: _____ Relation to Student: _____

Parent Volunteer Ministry— I/we would be interested to assist in the following areas (please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Core Team | <input type="checkbox"/> Driver for Trips | <input type="checkbox"/> Fundraising/Sponsor |
| <input type="checkbox"/> General Chaperone | <input type="checkbox"/> Food Support | <input type="checkbox"/> Other service/outreach |
| <input type="checkbox"/> Prayer Support | <input type="checkbox"/> Retreat Team | <input type="checkbox"/> Other: |

**Please turn
page over.**

PHOTO RELEASE FORM

I, _____ parent/guardian (please print name) give St. Maria Goretti and the Office of Youth Formation, the right and permission to use my son's/daughter's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in publications, print ads, direct-mail pieces, electronic media(e.g., video, CD-ROM, World Wide Web, etc.) or other forms of promotion. I release St. Maria Goretti and the Office of Youth Formation, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name _____

Signature of Parent/Guardian _____

Date _____

PERMISSION SLIP TO APPROVE OR DENY THE VIEWING OF "CALLED TO PROTECT FOR YOUTH" SESSIONS

Approval of Youth Attending Training:

By signing below, I am giving my permission for my child(ren) to attend the "Called to Protect for Youth" Education Program and I have:

(Check one).

- Attended a Called to Protect for Youth overview session.
- Read the description of the Called to Protect for Youth Program.

Print Parent / Guardian Name

Signature

Date

Denial of Youth Attending Training:

By signing below I am indicating that I do not give my child(ren) permission to attend the "Called to Protect for Youth" Training Program.

Parent / Guardian Name

Signature

Date