

YOUTH MINISTRY REGISTRATION FORM

Student Name: _____

Date of Birth: _____ Current Age: _____

Mother's Name: _____ Email Address: _____

Father's Name: _____ Email Address: _____

Students Address: _____

Mailing Address: _____

Home Phone: (603) _____ - _____

Mother's Cell _____ - _____ Work _____ - _____

Father's Cell _____ - _____ Work _____ - _____

Medical Issues: _____

Emergency Contact: _____ Relationship: _____

Contact Information: _____

I _____ wish to be a Youth Parent Leader please email me at _____
Regarding church events and/or any information pertaining to the Youth Ministry Program.

I understand that non-compliance with Parish Program Policies may result in dismissal of the student from the program.

I give the Youth Ministry Director permission to email my child at _____
regarding church events and/or any information pertaining to the Youth Ministry Program.

Photograph Permission

Photographs are sometimes taken during youth sessions and events. They are displayed publicly; e.g., on parish website, parish Facebook, in the newspaper, in a brochure, on bulletin boards, etc. and used to keep the community aware and informed of parish events and activities.

If you do not want images taken and used as described, please send a written notice to that effect to: Youth Leader, St. Lawrence Parish, 1 E. Union St., Goffstown, NH 03045.

General Information

My signature below indicates that to the best of my knowledge the information on this form is accurate and true. I give permission for my child(ren) listed above to attend youth ministry classes/events at Saint Lawrence Parish and in the case of emergency, I give permission for my child to receive first aid and/or medical attention, if necessary.

Parent (Legal Guardian) Name (please print) _____

Parent (Legal Guardian) Signature: _____ Date: _____

Student Signature: _____ Date: _____