Office Use Only:
Registration Date: ___/___/_____

2011 - 2012 ST. PAUL YOUTH MINISTRY REGISTRATION FORM

TEEN NAME: _____ BIRTH DATE: _____/_____/_____
Last First

I PREFER TO BE CALLED: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ - _____ TEEN CELL PHONE: (_____) _____ - _____

CURRENT SCHOOL: _____ CURRENT GRADE: _____

TEEN EMAIL: _____

PARENT CONTACT:

MOTHER'S NAME: _____ CELL PHONE: (_____) _____ - _____
First Last
MOTHER'S EMAIL: _____

FATHER'S NAME: _____ CELL PHONE: (_____) _____ - _____
First Last
FATHER'S EMAIL: _____

EMERGENCY CONTACT:
Please list an individual and phone number other than any that appear above.

NAME: _____ PHONE: (_____) _____ - _____

RELATIONSHIP TO TEEN: _____

ALL YOUTH MINISTRY MEMBERS ARE EXPECTED TO:

- Be responsible for their guests
- Remain with the group at all times.
- Be respectful to all in attendance
- Follow the Youth Group Commandments as posted in the youth room.

My parent and I understand the guidelines above and realize, if violated, actions deemed necessary by the Youth Minister will be taken which may include parental contact.

_____ _____
Parent Signature Teen Signature

PHOTOGRAPHY/VIDEOGRAPHY WAIVER: I understand that my child may be photographed or recorded on video during the course of youth ministry events. By initialing below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future retreats and youth group activities.

Initials of Parent/Guardian: _____

PLEASE CONTINUE ON THE BACK FOR MORE INFORMATION