



# All Saints Youth Ministry Registration Form

YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ T-SHIRT SIZE (Adult) \_\_\_\_\_

SCHOOL \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS \_\_\_\_\_

Baptized? Y/N \_\_\_\_\_ Confirmed? Y/N \_\_\_\_\_ 1<sup>st</sup> Communion? Y/N \_\_\_\_\_

Family's Last Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Family's Email Address \_\_\_\_\_

Language/s spoken at home \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone \_\_\_\_\_  
(must be other than parent)

***The information listed below is confidential***

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

My child has **no** special needs \_\_\_\_\_

**Special Need** \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does this child take any medications? NO \_\_\_\_\_ YES \_\_\_\_\_ List: \_\_\_\_\_

## Youth Ministry Needs YOUR Help!

If you can, please sign up to help support our youth ministry program.

I would like to minister as an **EDGE Core Team Member** \_\_\_\_\_

I would like to minister as an **TLC Core Team Member** \_\_\_\_\_

I would like to minister as a **Youth Chaperone** \_\_\_\_\_

I would like to minister as a **Prayer Partner**. \_\_\_\_\_

I would like to minister as a **Super Snack Guru** \_\_\_\_\_

I would like to **Sponsor** a youth ministry student. \$10\_\_\_\_ \$20\_\_\_\_ \$40\_\_\_\_ Other\_\_\_\_

If you signed up to help with any of the following ministries please list the email that you would like to be contacted at. \_\_\_\_\_

### MODEL RELEASE STATEMENT (Please check and sign ONE)

- I hereby grant permission for my child to be photographed and/or videotaped during *Youth Ministry* Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the youth programs at All Saints.**

Name (PLEASE PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

- I hereby decline to grant permission for my child to be photographed and/or videotaped during *Youth Ministry* activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify *Youth Ministry* coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.**

Name (PLEASE PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

### Youth Ministry Fees

**\$40 per student**  
(\$100 maximum family fee)

**\$30 Sacramental Supply Fee**  
(1<sup>st</sup> Confession, Restored Order or Confirmation)

*Payment Plans are available. Please speak with Candace if you need to make payment arrangements*

**NO YOUTH IS EVER TURNED AWAY FOR LACK OF FUNDS**

Payment Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_