

Sacred Heart Church

YOUTH MINISTRY REGISTRATION FORM

*Please complete this form for all youth participating in youth ministry.

Last Name	First Name	Date of Birth	Grade Level

Parent(s) / Guardian(s): _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

Home Phone Number: _____

Cell Phone Number (Parent/Guardian): _____

Email Address: _____

Emergency Contact (Other than Parent/Guardian): _____

____ (Check here if applicable) - We frequently carpool with the following people, and they are authorized to pick up my child(ren).

____ (Initial here) - I give my permission for group photographs with my child(ren) included to be used on the parish website or for promotional flyers/reasons by Sacred Heart Church. No children will be identified by name in photographs used, or tagged on social media.

____ (Check here) - I would like to be included in periodic emails about upcoming youth ministry events.

Please list any allergies/medications/health conditions that would be important for volunteers to know about each child.

Signature: _____