

St. Frances Cabrini Youth Ministry Registration Form

Student Info

First Name _____

Last Name _____

Birth Date _____

Grade _____

School _____

Address _____

City/State/Zip _____

Cell Phone _____

Allergies _____

Opt in to youth ministry text messages for reminders of meetings, activities and due dates.

Parent 1 Info

First Name _____

Last Name _____

Cell Phone _____

Email _____

Opt in to youth ministry text messages for reminders of meetings, activities and due dates.

Parent 2 Info

First Name _____

Last Name _____

Cell Phone _____

Email _____

Opt in to youth ministry text messages for reminders of meetings, activities and due dates.

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Emergency Contact Info

First Name _____
Last Name _____
Relationship _____
Cell Phone _____
Email _____

Medical Info

Medical Plan Name _____
Policy Number _____
Doctor's Name _____
Telephone _____
Dentist's Name _____
Telephone _____

Photo Release

I hereby grant permission for my child to be photographed and/or videotaped during this event. 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 St. Frances Cabrini. please print "photo opt out" by the signature if you do not want this permission granted.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____