



# St. Anthony Catholic Church

## Youth Ministry Information Sheet

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### Please Complete All Relevant Information:

Mother's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Stepparent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Stepparent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of PRIMARY Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Are there any medical, physical, or cognitive conditions that the youth ministry team needs to be aware of such as allergies, seizures, physical limitations, etc.? \_\_\_\_\_ **NO** \_\_\_\_\_ **YES**

**IF YES**, please describe condition and any appropriate guidelines for our volunteers. We also

recommend speaking directly to the youth ministry coordinator. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please **INITIAL** all appropriate items you give permission to:

I give you permission

\_\_\_\_\_ to contact my son/daughter via FLOCKNOTE text - (Safe-Environment compliant)

\_\_\_\_\_ to contact my son/daughter via FLOCKNOTE email - (Safe-Environment compliant)

\_\_\_\_\_ to be photographed or recorded on video during the course of youth ministry events. By initialing I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future activities.

Signature of Parent /Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_