

GOD SQUAD YOUTH MINISTRY REGISTRATION FORM

STUDENT INFORMATION

Student Name:

Birthdate:

Cell Phone:

Phone:

Street Address:

City:

State:

ZIP Code:

Email Address:

Social Media
Check all that you use:

Facebook

Instagram

Twitter

Vine

Church Parish You Attend:

SCHOOL INFORMATION

High School You Attend:

Current Grade:

Sports:

Town:

State:

Middle School You Attended:

Town:

State:

MEDICAL INFORMATION

Allergies:

Special Needs:
(Please attach additional information if necessary)

Hospital of Preference

Primary Doctor

Phone:

City:

State:

In Case Your child needs immediate care and we are unable to contact you who should we contact?

Emergency Contact:

Address:

Phone:

City:

State:

Cell Phone:

Relationship:

PARENTS INFORMATION

Fathers Name:

Current address:

City:

State:

ZIP Code:

Phone:	Cell Phone:	
Email:		
Mothers Name:		
Current address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	
Email:		
INTERESTS		
Where do you Work?		
Are you in any other Clubs?		
Do you play any instruments?		
What are you Special Skills/Talents/Qualities?		
What are you interested in doing with Youth Ministry?		
Learning about my Faith <input type="checkbox"/> Service <input type="checkbox"/> Fundraising <input type="checkbox"/> Social Events <input type="checkbox"/>		
If you had to pick a day of the week to do activities. What day is usually the best for you?		
By signing below I agree to follow the Youth Ministry Code of Conduct.		
Student Signature		Date
<p>I hereby give permission for my son/daughter listed above to participate in the St. Luke Youth Ministry program. I have read and agree to the Youth Ministry Code of Conduct. I accept all responsibility for my child's actions and hereby release, discharge and hold harmless the Diocese of Paterson, St. Luke Church, the Church employees, their respective agents, affiliates, representative and adult volunteers for any accidents, injuries, and/or other damages or liability of any kind which may occur or arise. To the best of my knowledge my child is physically fit to participate in the Youth Ministry activities. In the event that I, as a family member, or my physician cannot be reached in an emergency, I hereby give permission for emergency medical treatment of my child for illness or accident and authorize Nina Dorlon to act on my behalf.</p>		
Parent Signature		Date