



**Pallottine Teenage Federation (PTAF)
Youth Ministry Program
Session Registration Form**

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Cell: _____ Participant Cell: _____

Parent Email: _____

Parish: _____ County: _____

Gender: _____ Male _____ Female Date of Birth: _____

School: _____ School Year: _____ 7/8th _____ F _____ S _____ J _____ Sr

_____ Under 18 years old _____ 18-21 years old _____ above 21 years old (adult)

Sponsor Information – parish advisor, parent or guardian

Name: _____ Phone: _____

Address: _____ City: _____ Zip _____

Signatures:

Parent Youth Minister or Pastor Applicant

You must also complete the PTAF Individual medical and media release form.

OVER

Please indicate which program you will be attending and date you are attending

_____ **IMPACT: I Meet People And Christ Togethe**

___Oct 22-24, 2021___Dec 3-5, 2021___Feb 4-6, 2022___May 13-15, 2022

Arrival: Friday between 6:00-7:00pm

Depart: Sunday, ends with Mass at 2pm (parents & friends invited)

Cost:\$130

_____ **CLI: Christian Leadership Institute:**

___August 18-22, 2021 or ___July 12-17, 2022

Arrival: Wednesday between 6:00-7:00pm

Depart: Sunday, ends with Mass at 2pm (parents & friends invited)

Cost \$150

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Please make checks or money order payable to:

Sisters of the Catholic Apostolate

And return with form to:

Attention: Toni Kerins

Queen of Apostles Center

98 Harriman Heights Road

Monroe, NY 10950

Please have all registrations in at least 2 weeks prior to the program weekend.

Refund Policy: The complete registration fee will be refunded or applied to another weekend. No refund will be made if child leaves the retreat before the end of the program for any other reason than illness.

Vincent Pallotti Center maintains COVID guidelines such as social distancing, sanitation, and mask wearing in every weekend or activity.

OVER



Pallottine Teenage Federation (PTAF) Medical & Media Release Form

Participant Name: _____

Address: _____

City: _____ State _____ Zip: _____

Participant Cell Phone Number: _____

Date of Birth: _____

Male

Female

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Contact Cell Phone Number: _____

Contact email: _____

.....

HEALTH INFORMATION:

Family Physician: _____

Physician Phone: _____

Medical Insurance: _____

Insurance Group Number: _____

Insurance ID Number: _____

Medical History: None As Listed: _____

Allergies: None As Listed: _____

Medications: None As Listed: _____

I, or my child, must be able to self-administer all medications, be in general good health, and be able to participate in normal activities. I give permission to administer first aid and for me or my child to be transported to a medical facility if deemed necessary.

MEDIA RELEASE

I hereby consent to the taking of, photography, movies, videos, and any medium of me or my child. I hereby grant the right to edit, reproduce, use or release said images for all purposes as they relate to PTAF.

I certify that all the above information is correct and that I give my child to participate in all activities. I hereby agree to release, indemnify, and hold harmless parties from and against any cost demanding actions or cause of action, loss liability, damage, or cost arising from the authorization.

PARTICIPANT NAME: _____ PARENT NAME: _____
PLEASE PRINT PLEASE PRINT

PARENT/ADULT PARTICIPANT SIGNATURE _____

DATE: _____

Vincent Pallotti Center maintains COVID guidelines such as social distancing, sanitation, and mask wearing in every weekend or activity.