



## Participant Registration Form

St. Elizabeth Ann Seton  
Catholic Youth Ministry



### Teen Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female T-shirt size: \_\_\_\_\_

Teen Cellphone Number: (\_\_\_\_) \_\_\_\_\_ Can you receive text messages? Y / N

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teen Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Teen Religious Affiliation: \_\_\_\_\_

Sacraments Received (Please Circle):

Baptism First Reconciliation First Communion Confirmation

Is your teen registered in Religious Education at Saint Elizabeth Ann Seton? Y / N

### Parents/Legal Guardians Information

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Home Phone Number:(\_\_\_\_) \_\_\_\_\_ Home Phone Number:(\_\_\_\_) \_\_\_\_\_

Cellphone Number:(\_\_\_\_) \_\_\_\_\_ Cellphone Number:(\_\_\_\_) \_\_\_\_\_

Can you receive text messages? Y / N Can you receive text messages? Y / N

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Emergency Contacts Other Than Parents/Legal Guardians

Emergency Contact 1:

Emergency Contact 2:

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Primary Phone Number:(\_\_\_\_)\_\_\_\_\_

Primary Phone Number:(\_\_\_\_)\_\_\_\_\_

Secondary Phone Number:(\_\_\_\_)\_\_\_\_\_

Secondary Phone Number:(\_\_\_\_)\_\_\_\_\_

### Pick up and Drop Off Permissions

In addition to emergency contacts, the following individuals are allowed to pick up my child:

Full Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

The following individuals **ARE NOT** allowed to pick up my child:

Full Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

### Photo and Multimedia Release

Saint Elizabeth Ann Seton Catholic Church has my permission to use photographs and videos of my child taken during Catholic Youth Ministry for use by the Diocese of Tucson and Saint Elizabeth Ann Seton Catholic Church.

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

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### Guidelines for Parents/Guardians – Maintaining a Safe Environment for Your Children

Parents/Legal Guardians will receive a copy of the *Guidelines for Parents/Guardians – Maintaining a Safe Environment for Your Children* upon registration. A Personal Safety Class will be held within the first semester (exact dates to be announced). All registered youth participants will take part in the class.

If you **DO NOT** wish for your child to take part in the class, please sign here: \_\_\_\_\_

### Consent and Parent/Guardian Signature

As parent/legal guardian of \_\_\_\_\_, I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact. My child has permission to attend Saint Elizabeth Ann Seton Catholic Youth Ministries under the guidance and supervision of Saint Elizabeth Ann Seton's designated representatives. I also warrant that all information provided on this form is accurate.

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

### Medical Information

Doctor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

In case of an emergency, which hospital would you prefer your child be taken to?  
\_\_\_\_\_

Please list any information that may be needed in case of an emergency:

Allergies and Current Medications:

Other Medical Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Authorization of Treatment

I, \_\_\_\_\_, hereby give my permission to the medical personnel by Saint Elizabeth Ann Seton staff to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment including authorization for my child named above.

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

## Registration Fee

Please select the appropriate fee:

- \$50.00 - First youth participant I am registering
- \$25.00 – Additional youth participant I am registering

First Participant I registered was: \_\_\_\_\_

## Office Use Only

Registration and Payment 1

Registration and Payment 2

Received By: \_\_\_\_\_

Received By: \_\_\_\_\_

Cash \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Check \$ \_\_\_\_\_

Check \$ \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_