



Saint Michael the Archangel Life Teen Program
2020-2021 Academic Year Registration Form For Grades 9th- 12th
*****Cost: \$40.00 for Yearly Supplies*****

Fill out (front and back) so we may use this information for all future events your child attends during the 2020-2021 academic year. Please return form to the LIFE TEEN office or drop box outside the RE door with Check for \$40.00 made payable to Saint Michael's, write your teens name in the memo line of the check and write ATTENTION: Chris Berens- Life Teen on the envelope.

Teen Name _____

Address _____ Age _____ Birth date ____/____/____ T-shirt size _____

City _____ Zip: _____ Home Phone # _____

Teen E-mail _____ Parent's E-Mail _____

Teen Cell # _____ School _____ Grade _____

Mother/Guardian Name _____ Home Phone # _____

Address (if different) _____ Work Phone# _____

City _____ Zip _____ Cell Phone# _____

Father/Guardian Name _____ Work Phone # _____

Address (if different): _____ Home Phone# _____

City _____ Zip _____ Cell Phone# _____

Siblings _____

***Emergency Contact _____ Relationship _____

Phone# _____ Is your teen a Senior this year? Yes _____ No _____

PARENTAL CONSENT (Signature Required)

1. The undersigned does hereby give permission for our (my) child to attend and participate in activities such as XLT, St. Frances Table, Putt Putt, Movies, Bowling, Service Projects, Service Events etc. sponsored by the Saint Michael's LIFE TEEN Program.
2. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist.
3. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.
4. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.
5. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise, the undersigned shall assume all transportation costs.
6. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Michael's LIFE TEEN Program.

Father or Guardian

Date

Mother or Guardian

Date

Please provide the following information and a copy of the teen's insurance card:

Medical/Hospital Insurance Carrier _____

Name of Policy Holder _____ Policy/Group Number _____

Address and Phone # of Carrier _____
(____) _____

Medications you are taking at this time _____

Date of last tetanus immunization ____/____/____

***Food or Drug Allergies _____

***Medical Conditions _____

Is there anything that you as a parent would like to share about your child to better help us to get to know him/her?

IMPORTANT: EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION/NOTE SHOULD BE ATTACHED TO THIS FORM.

TEEN CONTRACT (SIGNATURE REQUIRED)

*I understand that by requesting to go on LIFE TEEN trips, I am promising to cooperate with the LIFE TEEN Core Team and Priests. I promise to follow all instructions and rules. I understand that **smoking on any trip is not allowed except by prior written parental permission and then in designated areas.**
I agree that I will not bring or use any illegal drugs or alcohol during Life Nights, Retreats or any Life Teen event.*

Teen

Date

Teen Information:

Is there anything you would like to share about yourself to help us get to know you better? _____

What school do you attend? _____

School/ Extra Curricular
Activities _____

Hobbies/Interests _____

Favorite Music Group/Singer _____

Church Ministries Involved In _____

Life Teen events you have attended:

- _____ Life Nights
- _____ Spring/ Fall Retreats
- _____ Service Projects
- _____ Socials
- _____ Steubenville
- _____ XLT

Special Friend at Life Teen _____