



All Saints Youth Ministry Registration Form

YOUTH'S FULL NAME _____

BIRTH DATE _____ GENDER _____ GRADE _____ T-SHIRT SIZE (Adult) _____

SCHOOL _____

YOUTH'S E-MAIL ADDRESS _____

Baptized? Y/N _____ Confirmed? Y/N _____ 1st Communion? Y/N _____

Family's Last Name _____ Home Phone Number _____

Address _____ City, State, ZIP _____

Father's Full Name _____ Mother's Full Name _____

Father's Work Phone _____ Mother's Work Phone _____

Family's Email Address _____

Language/s spoken at home _____

In case of emergency, please contact: _____ Phone _____
(must be other than parent)

The information listed below is confidential

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

My child has **no** special needs _____

Special Need _____

Describe any allergy, chronic illness or other conditions: _____

Does this child take any medications? NO ___ YES ___ List: _____

Youth Ministry Needs YOUR Help!

If you can, please sign up to help support our youth ministry program.

I would like to minister as an **EDGE Core Team Member** _____

I would like to minister as an **TLC Core Team Member** _____

I would like to minister as a **Youth Chaperone** _____

I would like to minister as a **Prayer Partner.** _____

I would like to minister as a **Super Snack Guru** _____

I would like to **Sponsor** a youth ministry student. \$10 ____ \$20 ____ \$30 ____ Other ____

If you signed up to help with any of the following ministries please list the email that you would like to be contacted at. _____

MODEL RELEASE STATEMENT

- I hereby grant permission for my child to be photographed and/or videotaped during *Youth Ministry* Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the youth programs at All Saints.**

Name (PLEASE PRINT) _____

(SIGNATURE) _____ (DATE) _____

- I hereby decline to grant permission for my child to be photographed and/or videotaped during *Youth Ministry* activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify *Youth Ministry* coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.**

Name (PLEASE PRINT) _____

(SIGNATURE) _____ (DATE) _____

Youth Ministry Fees

The EDGE: 7th-8th Grades **\$40 per student**

TLC: 9th-12th Grades **\$20 per session* or \$50 per student** (for *entire* year)
Fall Session (Sept. – Dec.), Spring Session (Jan. – Apr.), Summer Session (May – Jul.)

NO YOUTH IS EVER TURNED AWAY FOR LACK OF FUNDS

Payment Amount Enclosed \$ _____ Check # _____ Cash _____