

# Alive in Christ

## Mother of Sorrows Church

Sr. High Youth Ministry (9<sup>th</sup>-12<sup>th</sup>) 2018-2019

Family Life Center 7:00-8:30pm 1, 3, 4 Sunday's

*The information you provide to us on this form will be used exclusively within our parish office and Mother of Sorrows Faith Formation.*

**Family Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

(Please identify whose phone number this is and whether it is home or cell phone)

**Secondary Phone Number:** \_\_\_\_\_

(Please identify whose phone number this is and whether home or cell phone)

Would you like to receive text message reminders? \_\_\_\_\_Yes \_\_\_\_\_No

**Preferred Email:** \_\_\_\_\_

(Please provide an email you check regularly as this will be our primary form of communication and identify whose email address this is)

**Father's Name:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preferred Phone number (if different from above):** \_\_\_\_\_

**Preferred Email (if different from above):** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_

**Preferred Phone Number (if different from above):** \_\_\_\_\_

Registration fee is \$30 per child and includes Sunday Evening Youth Ministry (3x per month), Saturday Evening Intergenerational Gathering (once a month), a T shirt, and other resources. Fee payable by cash or check payable to Mother of Sorrows. Registration form and fee can be returned via the Parish Office or in envelope in collection basket marked "Faith Formation."

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Office use:

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ or Cash: \_\_\_\_\_ Amount \_\_\_\_\_

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**Youth's Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Phone number:** \_\_\_\_\_

Allowed to receive text messages? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any allergies, illness, or special considerations: \_\_\_\_\_

(Please list any medications being taken)

T Shirt Size: \_\_\_\_\_

**Youth's Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Phone number:** \_\_\_\_\_

Allowed to receive text messages? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any allergies, illness, or special considerations: \_\_\_\_\_

(Please list any medications being taken)

T Shirt Size: \_\_\_\_\_

**Youth's Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Preferred Phone number:** \_\_\_\_\_

Allowed to receive text messages? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any allergies, illness, or special considerations: \_\_\_\_\_

(Please list any medications being taken)

T Shirt Size: \_\_\_\_\_

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## Parent/Guardian Consent/Release Form

We, the parents/guardians of \_\_\_\_\_ do hereby give our permission for our child to attend Youth Ministry functions at Mother of Sorrows Catholic Parish from September 1, 2018 through August 31, 2019. We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the activities throughout the year at Mother of Sorrows Parish.

In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number \_\_\_\_\_  
Emergency Contact (name/relationship) \_\_\_\_\_  
Our Insurance Company is \_\_\_\_\_  
Policy Number \_\_\_\_\_

## PHOTOGRAPHIC RELEASE LETTER

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website and on print material
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I hereby certify that I am the [parent and/or guardian] of \_\_\_\_\_, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_