

Saint Anthony Youth Ministry – Registration Form 2022-2023

Please Print – One Form for Each Student

Last Name: _____ First Name: _____ Nick Name: _____

Student Email: _____ Date of Birth: _____

Street Address: _____ Home Phone: _____

City: _____ Zip: _____ Student Cell Phone: _____
(Circle One)

School: _____ Year in School: 9 10 11 12 Gender: _____

Parish Registered: _____ Parish Most Attended: _____

Check each Sacrament you have received: Baptism Reconciliation Eucharist Confirmation

Student Lives With: Mother & Father Mother Father Other (Name & Relationship): _____

Mother's Name: _____ Religion: _____ Father's Name: _____ Religion: _____

Mother's Occupation: _____ Father's Occupation: _____

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

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Alternate Home Address: _____ Languages spoken at home: _____

Siblings' Names & Ages: _____

Additional Information: _____

Please Complete Medical Form on Reverse Side
Drop off completed form to Saint Anthony Parish.

| |
|---------------------|
| FOR OFFICE USE ONLY |
| Fee Paid: _____ |
| Check #: _____ |

Medical and Emergency Information Release 2022-2023

Last Name: _____ First Name: _____

In case of accident or serious illness, I request the Saint Anthony Youth Ministry Program to contact me. If they are unable to reach me, I hereby authorize them to call the doctor and/or dentist indicated below, and follow his/her instructions. If it is impossible to contact said doctor and/or dentist, Saint Anthony Youth Ministry may make the necessary arrangements to seek medical care.

Mother's Name: _____

Father's Name: _____

Physician's Name: _____

Dentist's Name: _____

Physician's Phone: _____

Dentist's Phone: _____

Medical Insurance Name: _____

Medical Insurance Number: _____

Names and numbers of people who can be reached in an emergency and can care for your child if Saint Anthony Youth Ministry is unable to reach you.

Emergency Contact #1 Name: _____

Emergency Contact #2 Name: _____

Emergency Contact #1 Home Phone: _____

Emergency Contact #2 Home Phone: _____

Emergency Contact #2 Cell Phone: _____

Emergency Contact #2 Cell Phone: _____

Allergies: _____

Other Conditions: _____

Parent Comments: _____

Parent or Legal Guardian Signature: _____ Date: _____

Photograph and Video Consent

From time to time we take pictures and videos of student events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and our parish website. To do this, we need both the students' and parents' consent. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about pictures or videos posted on the website, please contact the parish office.

I/We, parent(s) of (Youth's name) _____, authorize and give full consent, without limitation or reservation, to Saint Anthony Parish to publish any photographs or videos in which the above named student and/or pictures of videos of his/her parent(s) or grandparent(s) appears while participating in any program with Saint Anthony youth activities. There will be no compensation for use of any photographs at the time of publication or in the future.

Student Name (*Please Print*) _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____