

Maria Regina Youth Ministry
Registration Form

Teen's Name: _____

Home Address: _____

Home Telephone: _____

Date of Birth: _____ Age: _____ Current School: _____

Parent/Guardian: _____

Emergency Contact No.: _____ Relationship to teen: _____

Relationship to Teen: _____

E-Mail Address: _____

USE OF PHOTOS: I give Maria Regina Youth Ministry permission to use photos or videos of my son or daughter taken during program activities for future program promotion purposes.

Any special information we should be privy to relating to your teen or your family: _____

If yes, please make an appointment to meet with the Youth Minister. All information will be held confidential to safeguard those concerned.

ALLERGIES: Please list all known allergies: _____

SIGNATURE OF PARENT OR GUARDIAN: I certify that the above information is correct and give permission for my child to participate in Maria Regina's Youth Ministry Program Events.

Signature: _____ Date: _____