

# Life Teen Registration

## 2015-2016

**Please Print Clearly**

*To save on postage costs, Life Teen will be communicating by e-mail whenever possible.*

**Family's Last Name** \_\_\_\_\_

**Family Home Phone** \_\_\_\_\_

**Address Apt. # City Zip** \_\_\_\_\_

**Mother's Name (First & Last)** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Father's Name (First & Last)** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Religion** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **E-mail** \_\_\_\_\_  
**Mother** **Father**

**Teen's Name (First & Last)** \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **M/F Grade** \_\_\_\_\_ **School** \_\_\_\_\_

\_\_\_\_\_

**E-mail** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_

**I give permission for my child to receive event info and updates via text messages**

**Yes No**

**Need Baptism?** \_\_\_\_\_

**Need First Communion?** \_\_\_\_\_

**First year prep** \_\_\_\_\_ **Second Year prep** \_\_\_\_\_

If yes, we will contact you with details.

## The information below is confidential

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

Special needs \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does this student take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

List \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Phone \_\_\_\_\_

## Photo Release Statement

☐ I hereby **grant** permission for my child to be photographed and/or videotaped during Life Teen 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 on Facebook or St. Anthony of Padua for the purpose of promoting Life Teen at St. Anthony of Padua Catholic Church.

Name (PLEASE PRINT) \_\_\_\_\_

DATE \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_

☐ I hereby **decline** to grant permission for my child to be photographed and/or videotaped during Life Teen 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 Life Teen Coordinators and/or Core Team Members. As the parent and/or legal guardian of the above named participant, I do not give my consent for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures.

Name (PLEASE PRINT) \_\_\_\_\_

DATE \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_

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