



St. Francis Parish
Youth Ministry S*T*A*R*S
Registration Information 2012-13

(2-sided)

Please Print

Today's Date: _____
Last Name: _____ First Name: _____
Home Address: _____ Town: _____ Zip: _____
E-Mail: _____
Home Phone #: _____
Personal Cell #: _____ **Text OK?** (Parents initial)
Date of Birth: _____ High School: _____ Class of: _____
Father's Name First: _____ Last: _____
Mother's Name First: _____ Last: _____

If Applicable:

Guardian/ Stepfather's Name: First _____ Last _____
Guardian/ Stepmother's Name: First _____ Last _____
With whom do you live?
Please Check: Mother: _____ Father: _____
Stepmother: _____ Stepfather: _____ Guardian/s: _____ Other: _____

What Parish is your family registered in? _____

Please check which sacraments you have received:

Baptism: _____ Reconciliation: _____ Communion: _____ Confirmation: _____

For a Directory of S*T*A*R*S Members, your permission to include your:

Name /Address _____ Home Phone # _____ Personal /Cell # _____ E-Mail _____

List talents, hobbies, & interests: _____

Your Signature: _____

(S*T*A*R*S member)

Permission to Attend

I _____ (Parents (s), Guardian) give permission for _____ (child / minor) to attend St. Francis Youth Group events for **2012-13**. I understand that all Youth Group events will be under the supervision and direction of adult leaders and sponsors approved by St. Francis Parish, Fingerprinted and Virtus Trained by the Diocese of Trenton. I waive any claim against St. Francis Parish, the Diocese of Trenton and it's approved leaders or sponsors.

Parent (s) / Legal Guardian (s) Signature

Date

We have a FACEBOOK page for S*T*A*R*S

Info on our page on FACEBOOK will contain the same information that is found in the Church Bulletin or on the YM Tab of the Parish Website

Teens will be invited to visit our page.

I hereby give my child _____ permission to be
Invited to the S*T*A*R*S FACEBOOK page

Parent(s) /Legal Guardian(s) Signature

Date

Important Medical Information:

1. Describe any medical problem /condition of which the chaperones should be aware:

2. Is your son/ daughter allergic to any food or medication? (If yes, please describe.):

I give my permission, in the case of any injury, to have my son/ daughter to be examined and, if necessary, treated by qualified medical personnel. I agree to hold those parties described above, as well as any trip/event-associated organization, harmless for such injuries. Should the need arise; I hereby give permission for the chaperones to seek medical treatment for my child. I understand they cannot be held responsible for any treatment administered by qualified medical personnel.

Insurance Company _____ Policy # _____

Policyholder name (printed): _____

Signature (Parent/ Guardian): _____

Date _____

Home phone #: _____ Cell phone #: _____

Emergency Contact: _____ Telephone #: _____

I give permission for my child to appear in parish and/or diocesan publications, websites, and The Monitor in photos or videos taken with the sole purpose of sharing the experience and publicizing the events within our Catholic community.

YES _____

NO _____

Parent/ Guardian Signature

Date