



2017 – 2018 REGISTRATION FORM

(Please Print)

TEEN INFORMATION			
Teen's Full Name:		Date of Birth: / /	
School:	Grade:	Gender (circle): Male or Female	
Street Address:			Apt. #
City:	State:	Zip:	Needs Confirmation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: ()	On Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No	On Instagram? <input type="checkbox"/> Yes <input type="checkbox"/> No	On Twitter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Teen's Email:	Shirt Size (circle):	Adult Small	Adult Medium Adult Large
Activities and/or Sports:			
FAMILY INFORMATION			
Father's Full Name:		Father's Phone: ()	
Father's Email:		<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone	
Mother's Full Name:		Mother's Phone: ()	
Mother's Email:		<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone	
GROUP TEXTING OPTION			
<p>We request that you allow your teen to participate in a group texting service to receive information related to Life Teen. The group texting service allows for multiple participants to receive the exact same information through a text message that is sent to all members within a group at the same time. These group text messages will be used only to provide information related to Life Teen, such as reminders, event information and other updates. This group texting service does not share or reveal any cell phone numbers. All text messages come from a central number that is given to each group. As a parent/guardian of a member of Life Teen, you will receive the exact same text message that is sent to your teen.</p>			
Teen Cell Phone (for texting): ()	Parent Cell Phone (for texting): ()	Cell Phone Company:	
I, _____ (print parent/guardian name) give permission for my teen to receive group messages related to Life Teen.			

Please Complete Both Sides of this Form.

****CONFIDENTIAL INFORMATION****

SPECIAL CONSIDERATIONS

Does your teen have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem or any other reason? If so, please describe those needs below:

Describe any allergy, chronic illnesses or other condition:

Does your teen take any medications? Yes No

If so, please list the medications:

IN CASE OF EMERGENCY, PLEASE CONTACT

Name:	Relationship to Teen:	Phone: ()
Name:	Relationship to Teen:	Phone: ()

MEDIA PERMISSION STATEMENT

As parent or guardian, I hereby **grant** my consent to use and release to the Roman Catholic Diocese of Phoenix and St. Bernard of Clairvaux Catholic Church, the use of my name and/or my likeness, or my child's/children's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child/children including voice and features, with or without names, of any promotional purposes involving the Diocese or Parish or program, new feature stories in The Catholic Sun or other media or other purpose whatsoever, except for the endorsement of any commercial products, without further compensation or permission. I understand that the Diocese of Phoenix and St. Bernard of Clairvaux Catholic Church exclusively owns all rights to such recordings irrespective of the form in which they are produced or used.

Parent Signature:

PARENTAL/TEEN ACKNOWLEDGEMENT

I understand that the Life Teen program at St. Bernard of Clairvaux is a once a week commitment. I will make **every effort** to allow my teen to attend the Life Teen events in order to deepen their relationship with Jesus Christ and learn more about the teachings of the Catholic Church. In addition, if the group texting option was selected on this form, I agree that inappropriate use of the group text messaging service will cause a user to be removed from the group texting list.

Parent Signature:	Date: / /
Teen Signature:	Date: / /

OPTIONAL PARENT MINISTRIES

- I would like to help by providing food and drinks
- I would like to help by providing transportation for events
- I would like to help by setting up and/or cleaning up
- I would like to help by chaperoning special events

FEES FOR LIFE TEEN

Optional Donation and/or Special Event Fees

For Office Use Only:	Check # _____	Amount: \$ _____
	Cash \$ _____	Credit Card \$ _____