PARISH NAME

Youth Ministry Information Sheet

Student’s Name:

Address: Apt:

 City: Zip:

Birthdate: Phone:

School Attending: Current Grade:

**Please Complete All Relevant Information:**

Mother’s Full Name: Mobile:

Father’s Full Name: Mobile:

Stepparent’s Name: Mobile:

Stepparent’s Name: Mobile:

Legal Guardian Name: Mobile:

Name of PRIMARY Emergency Contact: Phone/Mobile:

Are there any medical, physical, or cognitive conditions that the youth ministry team needs to be aware of such as allergies, seizures, physical limitations, etc.?

 \_\_\_\_\_\_ **NO** \_\_\_\_\_\_ **YES**

**IF YES**, please describe condition and any appropriate guidelines for our volunteers. We also recommend speaking directly to the youth ministry coordinator.

Please **INITIAL** all appropriate items you give permission to:

I give you permission

\_\_\_\_\_ to contact my son/daughter via FLOCKNOTE text (Safe-Environment compliant)

\_\_\_\_\_ to contact my son/daughter via FLOCKNOTE email (Safe-Environment compliant)

\_\_\_\_\_ to be photographed or recorded on video during the course of youth ministry events. By initialing I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future activities.

Signature of Legal Guardian: Date: