

# Youth Ministry Information Sheet

Name of parish: \_\_\_\_\_

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

School attending: \_\_\_\_\_ Current grade: \_\_\_\_\_

## Please complete all relevant information:

Mother's full name: \_\_\_\_\_ Mobile phone: (        ) \_\_\_\_\_

Father's full name: \_\_\_\_\_ Mobile phone: (        ) \_\_\_\_\_

Stepparent's full name: \_\_\_\_\_ Mobile phone: (        ) \_\_\_\_\_

Stepparent's full name: \_\_\_\_\_ Mobile phone: (        ) \_\_\_\_\_

Legal guardian's full name: \_\_\_\_\_ Mobile phone: (        ) \_\_\_\_\_

Name of **primary emergency contact**: \_\_\_\_\_ Mobile phone: (        ) \_\_\_\_\_

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.?  Yes  No

**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:

\_\_\_\_\_ I give you permission to contact my child via FLOCKNOTE text (Safe-Environment compliant)

\_\_\_\_\_ I give you permission to contact my child via FLOCKNOTE email (Safe-Environment compliant)

\_\_\_\_\_ I give you permission 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: \_\_\_\_\_