

ST. MICHAEL PARISH TEEN GROUP REGISTRATION (SUMMER)

Family Last Name _____ Home Phone _____ Today's Date ___/___/___

Father's Name _____ Cell Phone _____ Email _____

Mother's Name _____ Cell Phone _____ Email _____

Family's Address _____ City/Zip _____

Father's Work Phone _____ Mother's Work Phone _____

Alternate Emergency Contact _____ Relationship _____ Phone _____

Please list info for ALL youth (Kindergarten through 12th grade) in your family (Please use full names).

First name Last D.O.B Grade School Sacrament Received (please circle)

1: _____ ___/___/___ _____ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

2: _____ ___/___/___ _____ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

3: _____ ___/___/___ _____ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

4: _____ ___/___/___ _____ _____ _____ Bap. Euch. Recon. Conf.

Note any allergies, special needs: _____

Please sign my Teen (s) up for the following Teen Group Summer Fun Events:

___ Bike Night: Wednesday, June 15: 6 p.m.-8:00 p.m.

___ Beach Night: Wednesday, July 13: 6:00p.m.-8:30 p.m.

___ Outdoor Movie Night: Wednesday, August 17: 7:00 p.m. -10:00 p.m.

___ BACK TO SCHOOL BASH. DATE & DETAILS TBD. TENTATIVE DATE IS 8/24.

Please include a **\$5 fee per child** per night to help defray the cost of supplies. Checks can be written to St. Michael Parish.

As Parent/Guardian, I give permission for any photograph, video, audio recording and/or likeness procured of my child(ren) _____ to be used by St. Michael Catholic Church in Marquette, Michigan. These images may be used for promotional purposes and reproduction in any type of media form including, but not limited to; parish publications, static displays, parish website, social media or diocesan publications. I understand and agree that the use of their photograph, video or audio recording, and/or likeness is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will object to the St. Michael Parish using this material.

Parent Signature & Date: _____ ___/___/___

(OVER)

Permission for others to pick up:

Please provide additional contact, different from the parent/guardian listed above, who would be contacted if above person is not available. Below contacts are authorized for release of youth.

Alternative Contact's Name _____ Relationship _____

Phone _____

If child is authorized to drive themselves, bike, walk, etc. (leave on their own) please check here _____