ST. ANN'S YOUTH MINISTRY PROGRAM 2016-2017 ACADEMIC YEAR

We ask that everyone fill this out completely so we may use this information for all events your child attends during the 2016-2017 academic year. You only need to fill it out once each school year unless your information changes. If any of the following information changes, please fill out a new form. Please return this form to the YOUTH MINISTRY office as soon as possible. Thank you.

TEEN Name:	Teen Cell:					
Address:		Age:	Birth date:_	/	_/	_ Grade
City:	Zip:		T-s			
Parent/Guardian Name(s):		C	ome #: ell #(s): nail:			
PARENTAL CONSENT (signature required) I. The undersigned does hereby give permission Programs. II. We (I) authorize an adult, in whose care the n or treatment and hospital care, to be rendered to t undersigned shall be liable and agree(s) to pay all III. I hereby grant permission for non-prescription IV. Should it be necessary for our (my) child to retransportation costs. V. The undersigned does also give permission for attending and participating in activities sponsored Please provide the following information:	ninor has been entre the minor under the costs and expense in medication to be eturn home due to a	to attend and particulated, to consent to general or special is incurred in conne given, if deemed a medical reasons, bo	cipate in activities sponse of any X-ray examination supervision and on the action with such medical appropriate. The enavioral reasons, or other designated by the adult	, anesthetic advice of a l and denta erwise the	c, medic ny licen: l service undersi	al, surgical, or dental diagnosi sed physician or dentist. The es rendered. gned shall assume all
		Medical/Hosp	oital Insurance Carrier_			
Father's signature	Date					
Mother signature	Date	Policy Number	er			
Legal Guardian signature (if not parent)	Date	Emergency C	ontact & #			
Medications:				tanus/dipht	heria imi	nunization:
Allergies: I give permission for my teen to be photograph be used for future Youth Ministry publications	ned during activiti	es associated with	ı St. Ann's Youth Mini	stry. I un	derstan	d that said photos/videos ma
Signature (Parent/Guardian)		Date				
I give permission for Youth Ministry Staff and vo	lunteers to commu	nicate with my teer	ı via e-mail, phone calls,	and social	media.	
Signature (Parent/Guardian)	ture (Parent/Guardian)		Date	Date		
TEEN CONTRACT - SIGNATURE REQUIRED I understand that by requesting to go on YOU staff, the priests, CORE members, and other y any trip is not allowed. I agree that I will not I understand that I will be sent home at my fam	outh throughout to oring or use any il	the trip. I promis	e to follow all instructi	ons and ru	ıles. I u	nderstand that smoking on
Teen Signature			- 1	Date		