



teen information

Teen Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail: _____

School/Grade: _____

Birthdate: _____

Allergies: _____

Medications: _____

Teen Declaration

I understand that in participating in St. Thomas More Youth Ministry, I am representing myself, my family, my community, my church, and my God, and will conduct myself as a Christian. I understand that if I don't "play by the rules," I may not be invited back to other STMYM events.

Teen Signature _____

Payment Amt. _____

Rec'd by: _____

Check No. _____

Date Rec'd. _____



PROGRAM REGISTRATION FORM

parent/guardian information

Parent/Guardian Name(s): _____

Alternate Phone Number: _____

Parent/Guardian E-mail: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Health Insurance Carrier: _____

Policy No. _____

Will you be able to help us during the year? _____

Is your family registered in STM parish? _____

Photo Release:

I give permission for my teen to be photographed by St. Thomas More or their representative. These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways. Initials: _____

My teen has permission to participate in St. Thomas More Youth Ministry this year.

Parent/Guardian Signature _____