



## 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 \_\_\_\_\_



# 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? \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_

Payment Amt. \_\_\_\_\_

Check No. \_\_\_\_\_

Rec'd by: \_\_\_\_\_

Date Rec'd. \_\_\_\_\_