



**Youth Ministry  
Registration  
2022 -2023**

**Youth Information/Información juvenil**

**Youth's First / Last Name:** \_\_\_\_\_

**Gender:** M / F **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Youth's Cell Phone:** \_\_\_\_\_

**Youth's E-mail:** \_\_\_\_\_

**Youth's Address:** \_\_\_\_\_

**Parent's Initial** to give the Youth Minister permission to call, text, and/or email your teen: \_\_\_\_\_

**Sacraments received / Sacramentos recibidos:** \_\_\_\_Baptism \_\_\_\_Eucharist \_\_\_\_ Confirmation

**Parent or Guardian Information/Información de los padres**

**Parish Registered:** \_\_\_\_ St. Joseph \_\_\_\_ St. Francis

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Do you text?** Y / N

**E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Do you text?** Y / N

**E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**EMERGENCY CONTACT: TO BE CONTACTED IF PARENTS CANNOT BE  
REACHED**

Name: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_  
Primary phone: \_\_\_\_\_

**Release of information**

*Permission to have your child (n) name (s) published or photo taken in any RE event, Church activities as (but not limited to) First Communion, Celebrations, Religious Processions. This permission slip will stay in your child's file. My CHILD may have his/her photo published for church activities and be published on the St. Joseph Church website. [sjfx-church.org](http://sjfx-church.org), and/or Parish Social Media Pages*

Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL RELEASE:**

Coordinators of Religious Education may assist my child/children with administering Over-the-Counter medications (Ibuprofen, Tylenol, Etc.) YES: \_\_\_\_\_ NO: \_\_\_\_\_

Coordinators of Religious Education may assist my child/children with care of minor wounds, such as, cleaning a cut or scrape, applying band aides, or other minor care needs.

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**INSURANCE INFORMATION:**

Provider: \_\_\_\_\_ Group/Identification Number: \_\_\_\_\_

**I authorize the Church/coordinators of Religious Education to use their judgement in determining emergency care and procedures for my child. I understand and agree that the Church/Religious Education assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transport.**

Parent / Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\$40 per child**

**OR**

**\$100 for family with 3 or more in middle/high school**

**Total Amount due for Family: \_\_\_\_\_**

**Paid: Cash \_\_\_\_\_ Check \_\_\_\_\_ Date \_\_\_\_\_**

**Please make checks payable to: St. Joseph Catholic Church**

*Please return form to the Parish Office:*

*800 W Stanton St*

*Roseburg, OR 97479*

Questions? Contact the Parish Center / (541) 673-5157