



# Santa Maria del Mar Life Teen

8<sup>th</sup> Grade - 12<sup>th</sup> Grade  
Registration Form

June 2022 – May 2023



Grade 8: \_\_\_\_\_ Grade 9: \_\_\_\_\_ Grade 10: \_\_\_\_\_ Grade 11: \_\_\_\_\_ Grade 12: \_\_\_\_\_ Jr. Core: \_\_\_\_\_ Core: \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Amt \$ \_\_\_\_\_ Monthly: \_\_\_\_\_ Family #: \_\_\_\_\_

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

**Release Statement** – I hereby grant permission for my child to be photographed during Santa Maria del Mar Life Teen group activities for use in the church bulletin, social media and church web-site **Please initial:** \_\_\_\_\_

**It is helpful to have a copy of your teen's records in our church files.**

Baptism Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Communion Date \_\_\_\_\_ Church Name: \_\_\_\_\_

Address \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Parents are: married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ remarried \_\_\_\_\_ annulled \_\_\_\_\_ widowed \_\_\_\_\_

Teen lives with: \_\_\_\_\_ Teen's School: \_\_\_\_\_



**Diocese of St. Augustine**  
**Parent/Guardian Medical Release Form**



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Diocesan Entity: \_\_\_\_\_ **SANTA MARIA DEL MAR** \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to the above names Diocesan entity's employees, volunteers or representatives to seek medical treatment for my teen named above.

**In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

Name and Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I make the following exceptions \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Doctor \_\_\_\_\_

Medical Problem or Condition (allergies, diabetes) \_\_\_\_\_

Condition \_\_\_\_\_ Symptoms \_\_\_\_\_

Physical Disabilities \_\_\_\_\_

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

\_\_\_\_\_  
Date

**OTHER MEDICAL TREATMENT:**

In the event it comes to the attention of the above names Diocesan entity's volunteer or representative, that my teen becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to directions.

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

\_\_\_\_\_  
Date