

# St. Stephen Catholic Church - Office of Faith Formation

10428 Saint Stephen Circle  
Riverview, FL 33569



## 2023-2024 HIGH SCHOOL ST. STEPHEN YOUTH GROUP PARTICIPANT REGISTRATION AND ANNUAL PARENTAL PERMISSION/RELEASE

Annual  
Participation  
Fee: \$20.00

Online: \_\_\_\_\_  
CHK # \_\_\_\_\_  
Cash \_\_\_\_\_

Please Print

**FAMILY NAME** \_\_\_\_\_

☐

Please check here if student's last name is different from the family name

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PH: Father's home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_  
Mother's home # \_\_\_\_\_ work # \_\_\_\_\_ cell # \_\_\_\_\_

E-MAIL: Father's \_\_\_\_\_  
Mother's \_\_\_\_\_

**Marital Status of BIRTH/LEGAL PARENTS** \_\_\_\_\_

Youth lives with: Both Parents ☐

Mother ☐

Father ☐

Please check appropriate box

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Medical Insurance ID # \_\_\_\_\_

Group Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

STUDENT'S NAME (Include First and Last name)	2023-2024 GRADE	NAME OF DAY TIME SCHOOL	DATE OF BIRTH

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM. Thank you!

**TRANSPORTATION** - The following individual has my/our permission to transport our YOUTH to and/or from Faith Formation classes and events.

NAME: \_\_\_\_\_ PH: \_\_\_\_\_

MOTHER/GUARDIAN SIGNATURE \_\_\_\_\_ / \_\_\_\_\_

FATHER/GUARDIAN SIGNATURE \_\_\_\_\_ / \_\_\_\_\_

### Youth Transportation Authorization

- No, my child cannot Carpool with anyone \_\_\_\_\_
- Yes, my child can ride home with parent: \_\_\_\_\_  
Name of Authorized Parent
- Yes, my child can ride home with teen: \_\_\_\_\_  
Name of Authorized Teen

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### Method of Communication Release

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

Yes, I give \_\_\_\_\_ (my  
youth/participant) permission

to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her: (please check all that apply)

Email Address \_\_\_\_\_  
Facebook \_\_\_\_\_  
Instant Messaging \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Text Message \_\_\_\_\_  
Postal mail \_\_\_\_\_

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes.

No, I do not give \_\_\_\_\_ (my youth/participant)  
permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

**Publicity Releases/Photos:** From time to time, publicity releases for parish bulletin, website, newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Stephen Parish or a media representative.

- **I DO** \_\_\_\_\_ give permission for my youth(s) name and likeness to be included in such publicity releases.
- **I DO NOT** \_\_\_\_\_ give permission for my youth(s) name and likeness to be included in such publicity releases.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*This consent is renewed at the beginning of each program year. This consent may be revoked in writing.*

### 2023-2024 Permission to receive Text Messages

We now have the technology within our database to send you text messages. This is just another means of improving our communications. We welcome your participation! (Types of messages sent would include emergency class cancellations, retreat reminders, and any urgent requests.) If you would like to receive text messages from St. Stephen it will be necessary for us to obtain your signed authorization of permission, the designated cell phone number, and cell phone provider.

Yes, I give my permission to receive text messages to my cell number \_\_\_\_\_  
Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (Signature Required) PRINT NAME \_\_\_\_\_

Circle the name of your cell phone provider:

ALLTEL AT&T CINGULAR METRO PCS NEXTEL VIRGIN MOBILE  
SPRINT SUNCOM T-MOBILE US CINGULAR VERIZON PCS

If your phone provider is not listed above, please specify provider name \_\_\_\_\_

*Thank you ~ The Faith Formation and Youth Ministry Staff*

### **Medical Release & Parent Acknowledgement - ST. STEPHEN CHURCH 2023-2024**

The following information must be completed for your youth at the time of registration:

YOUTH NAME(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL INFORMATION (ALLERGIES, ETC. OF WHICH WE SHOULD BE AWARE)  
& SPECIAL NEEDS *Please reference name of youth by medical information or special needs.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MY YOUTH MAY BE GIVEN: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no);  
Throat Lozengers (circle: yes / no); Benedryl (circle: yes / no);

HOW CAN WE REACH YOU DURING OUR EVENT/PROGRAM/LIFE NIGHT?

PHONE # \_\_\_\_\_, additional EMERGENCY CONTACT/PHONE #  
\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency where the parent cannot be reached the youth will be taken to the nearest medical facility. If(we) authorize any representative of St. Stephen Catholic Church to seek medical treatment for my youth.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_