

St. Stephen Catholic Church - Office of Faith Formation

10428 Saint Stephen Circle
Riverview, FL 33569



Annual
Participation
Fee \$20.00

Online: _____
Ck#: _____
Cash: _____

2025-2026 ST. STEPHEN MIDDLE SCHOOL "EDGE" YOUTH GROUP PARTICIPANT REGISTRATION AND ANNUAL PARENTAL PERMISSION/RELEASE

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 _____

Please check appropriate box below

Youth lives with: Both Parents ☐

Mother ☐ or Father ☐

Family Physician's Name _____ Phone _____

Insurance Co. Name _____ Medical Insurance ID # _____

Group Number _____ Cardholder's Name _____

STUDENT'S NAME (Include First and Last name)	2025-2026 GRADE	NAME OF DAY TIME SCHOOL	DATE OF BIRTH

MOTHER/GUARDIAN SIGNATURE _____ /Date _____

FATHER/GUARDIAN SIGNATURE _____ /Date _____

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: _____

6-2025

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

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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 current 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 _____
____ Home phone _____
____ Cell phone _____
____ Text Message _____
____ Postal Mail _____

____ Yes, I 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)

Email _____ Facebook _____ Instant Messaging _____ Text message _____

Home phone _____ Cell phone _____ Postal Mail _____

I, as parent/guardian, would like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email:

Parent/Guardian Email Address

2025-2026 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 _____

Parent/Guardian Signature is required:

Signature: _____

This Registration Form is renewed at the beginning of each program year. If any information changes, please contact the Office of Faith Formation.

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: _____

PARENT/GUARDIAN SIGNATURE: _____

Medical Release & Parent Acknowledgement - ST. STEPHEN CHURCH 2025-2026

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.*

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. I(we) authorize any representative of St. Stephen Catholic Church to seek medical treatment for my youth.

PARENT/GUARDIAN SIGNATURE is required: _____