Youth Ministry Registration Form 2025–2026

Student Information:

Name: _____ Grade: _____

School: _____ Birthday : _____ Gender: M F

Parish: St. Joseph   SS. John and Bernard   Other: _____

Allergies/ Special Needs/ Instructions: _____
_____
_____

Student's Email Address: _____
Student Address: _____
City: _____ State: _____ Zip Code: _____

Parent Information:

Parent/Guardian 1:

Name: _____Cell Phone: _____

Email : _____Relationship to Student: _____

Does the Student Reside with You: Yes   No

Parent/Guardian 2:

Name: _____Cell Phone: _____

Email : _____Relationship to Student: _____

Does the Student Reside with You: Yes   No

Emergency Contact: _____ Relationship to Student: _____

Phone Number: _____

If you have multiple children in the program you only need to fill out this portion once.
Please fill out the additional boxes on the back to register your other children.

I give 4Churches Youth Ministry permission to communicate with my Middle School and/or High School student(s) using social media sites or email, from a parish sponsored device, to convey information regarding event times, venues, and information pertinent to Youth Ministry.

Parent Signature: _____ Date:_____

Student 2 Information:

Name: _____ **Grade:** _____

School: _____ **Birthday :** _____ **Gender:** M F

Allergies/ Special Needs/ Instructions: _____

_____

_____

Student's email Address:_____

Student 3 Information:

Name: _____ **Grade:** _____

School: _____ **Birthday :** _____ **Gender:** M F

Allergies/ Special Needs/ Instructions: _____

_____

_____

Student's Email Address:_____

Student 4 Information:

Name: _____ **Grade:** _____

School: _____ **Birthday :** _____ **Gender:** M F

Allergies/ Special Needs/ Instructions: _____

_____

_____

Student's Email Address:_____

Medical Treatment Authorization

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician due to injury or illness sustained during activities by St. Joseph/SS. John & Bernard Parishes' Youth Ministry Program.

Names of Children   **List of allergies, medications, or other pertinent information**

(If your child has a learning disability that requires an IEP in their public school setting, please indicate that here.)

_____   _____

_____   _____

_____   _____

_____   _____

Emergency Contacts   _____

                                  _____

Health Insurance Information

Company:_____ Policy#: _____

Group#:_____ID#:_____

Family Physician Name:_____ Phone:_____

Address:_____ City:_____

Date:_____   Parent Signature:_____

                               Print Name:_____

Photo Release: With my signature, I hereby grant permission to St. Joseph/SS. John & Bernard Parishes to publish my child's/children's names, photos, or video images in connection with a display, feature story, or other publication as deemed appropriate by the Parishes. This photo may be used in connection with parish bulletin boards, parish or youth ministry websites, publicity materials, and/or parish bulletins.

Permission is granted by:_____

Printed Name:_____ Relationship to child: _____

If there are any custodial/legal rights of parents and/or guardians that we should be made aware of or if you wish your child to be picked up by an adult other than a legal parent, please notify us in writing.