



Youth Ministry Membership Form

Teen full	name:	Date:				
Date of Birth: Sex (pleas		ex (please check one): Male	Female	Grade:	T-shirt size	
Address:						
Siblings ((names and ages):					
School: _						
I give pe	rmission for my student to be	reminded of upcoming event	ts via email (please	check one): YES	NO	
Teen's en	mail	or	or Parent email			
	rmission for my student to be Student Cell phone: YES				NO	
	Home phone: YES				NO	
We are re	Catholic Group Text Messagi	Aaria Goretti Parish YES	Other :			
0	Father's / Guardian's full nar	ne:				
,	Work phone:	Cell phone:				
	Email:					
0	Mother's / Guardian's full na	me:				
	Work phone:	Cell phone:				
	Email:					
0	Marital Status (please check on	e): Married Single S	eparated Divor	ced Remarrie	1 Widowed	
0	Teen lives with (please check o	ne): Parents Father N	Aother Guardian	Other		
0	Teen has received the sacramen	ts of (please check ALL that a Baptism		harist C	onfirmation	
0	I would like to minister as an A	dult Volunteer (please check o	ne). YES	Not at this time		
	y permission for my teen's pic s including the website (please		embership forms to: or of Youth Ministry ti Parish tfield, PA 19440	vities and to be u	sed in any promotion	



Teen Participant



Saint Maria Goretti

Youth Ministry Emergency Medical Information

0	Teen Full Name:				
0	Emergency contact name:	Relation:			
	Home Phone:	Cell Phone:			
0	Please indicate any specific medical conditions, allergies, or	r dietary restrictions that we should be aware of:			
0	Please indicate any specific academic or behavioral concern	is that we should be aware of:			
0	Please indicate any specific medications that your high school teen requires:				
	Dosage:	Frequency:			
0	My high teen has permission to be given Ibuprofen or Tylenol if they request it. Please check one: YES NO				
Approval for student to be transported via car to previously scheduled events by St. Maria Goretti parish staff and approved volunteers:					
	YES NO				
mae Par agr offi wit	rish Staff and Volunteers to secure the services of a licensed pree to indemnify and hold harmless Saint Maria Goretti Parish ficers, employees, and volunteer staff from any and all liability	if I cannot be reached, I give consent to the Saint Maria Goretti obysician to administer emergency medical treatment. I hereby a Catholic Church, the Archdiocese of Philadelphia and its les, injuries, expenses and claims arising out of any connection con/daughter are covered by medical insurance, the provision of			
abo		on and release of liability stated herein and subject to all of the in Youth Ministry programs and activities, and accept the terms			
		Date			
	Signature of Parent/Legal Guardian	Defe			
		Date 🔰 🛴 🔇 🚺			

Please return completed membership forms to: Maria Richardson, Family Faith Formation Director St. Maria Goretti Parish 1601 Dernstine Rd., Hatfield, PA 19440 <u>mrichardson@stmariagoretti.net</u>