St. Maria Goretti Cor Mariae Middle School and Cor Jesu High School Youth Ministry Program Registration Form 2023-2024

STUDENT INFORMATION:

Circle T-Shirt Size: Adult Small, Medium, Large, Extra Large, 2X

			in, Eurge, Extru Eurge, 211
Student name			Name preferred to be called
Home address			Student cell phone
City State	Zip		Sacraments needed (please list)
Date of birth	School at	tending	Grade in school
	uth Ministry program is Sacramental		n Fee for both the High School and ore children the family cost is \$75.00 f \$35.00
Father's name			Home phone
Home address (if different from student)			Work phone
Email address			Cell phone
Mother's name			Home phone
Home address (if different from student)			Work phone
Email address			Cell phone
EMERGENCY INFOR	MATION:		
Emergency contact: (oth	ner than parents) Name:		
Phone:	Relatio	on to Student:	,
Parent Involvem	ent		
Core Team General Chaperone Prayer Support	Driver for Trips Food Support Retreat Team	Fundraising Service Outreach	Please tur page over

PHOTO RELEASE FORM					
publicity efforts. I understand that the publicity efforts. I understand that the putronic media (e.g., video, CD-ROM, Wof promotion. I release St. Maria Goret	_ parent/guardian (please print name) give St. sion to use my son's/daughter's photograph(s) photograph(s) may be used in publications, print orld Wide Web, Facebook, etc.), and or St. Matti and the Office of Youth Formation, the photography violation of any personal or proprietary rig	in its promotional materials and nt ads, direct-mail pieces, elec- ria Goretti website or other forms ographer, their offices, employees,			
Name					
Signature of Parent/Guardian					
Date					
PERMISSION SLIP FOR THE VIEWIN "Called to Protect for Youth" Sessions By signing below, I am giving my per Training Program:	TMISSION for my child to attend the "Called to I	Protect for Youth"			
Parent / Guardian Name	Signature	 Date			
By signing below I am indicating that I Youth" Training Program.	do not give my permission for my child to atte	nd the "Called to Protect for			
Parent / Guardian Name	Signature	Date			
FLOCKNOTE RELEASE					
By signing below, I am giving my permission for my child to receive text messages and notifications about youth ministry updates through the application Flocknote. I understand that these messages will be accessible by the parish manager at all times.					
Parent / Guardian Name	Signature	Date			
YOUTH MINISTRY EVENTS WAIVER	:				
not hold St. Maria Goretti Catholic Ch- consent that emergency treatment be physicians, dentist, surgeon; licensed agree that any medical, dental, or hos	parent / guardian give permission for my events held at St. Maria Goretti. In the event of urch, the Diocese of Phoenix or any volunteer rendered under the general or specific superved to practice in the State of Arizona or any othe spital expense shall be at our own expense. I/w emergency contact in the event that treatment	an accident or illness I/we will responsible . I/we give ision and on the advice of state. I/we understand and see understand that every effort			
Parent / Guardian Name	Signature	Date			