



## YOUTH MINISTRY PROGRAM MEMBERSHIP FORM

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female

Address (Street, City, ZIP): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is the family registered at the parish? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*(If not, please contact the parish office for a registration packet)*

Father's / Guardian's full name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's / Guardian's full name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried

Teen lives with: \_\_\_\_\_ Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Teen has received the sacraments of: \_\_\_\_\_ Baptism \_\_\_\_\_ Holy Eucharist \_\_\_\_\_ Confirmation

Teen has permission to drive to offsite youth events. \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to volunteer with our youth program? Yes No

Please indicate any specific concerns that our Youth Ministry Team should be aware of for your teen. Academic, Physical, Behavior etc...

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**I give my permission for my child's picture to be taken as a part of youth ministry activities and to be used in any promotion of parish youth activities including the website.**

\_\_\_\_\_  
Signature of Youth Participant Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date \_\_\_\_\_

***Return one registration form for each youth participant with a completed code of conduct form.***