



# LIFE TEEN Registration Form

We will be communicating by e-mail whenever possible

YOUTH'S FULL NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ male \_\_\_ female \_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS \_\_\_\_\_

Family's Last Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Father's Full Name \_\_\_\_\_

City, Prov. \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Postal Code \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Email: \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

I would like to be communicated by: e-mail \_\_\_\_\_ phone: \_\_\_\_\_

**HOW CAN I HELP? (check or circle option)**

I would like to minister with LIFE TEEN: Yes \_\_\_\_\_ (please refer to page 2 of this form) Not interested \_\_\_\_\_

I would like to sponsor activities/food/events for LIFE TEEN \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$30 \_\_\_\_\_ Other \_\_\_\_\_

**Confirmation Registration Fee is \$40.00 per youth \$60.00 for registration after July 1st, 2008**  
**Advanced registration for a retreat \$50.00, \$80.00 if within 7 days of the retreat they want to attend**

Amount Paid \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Cash \_\_\_\_\_

Date of Registration: \_\_\_\_\_

*No youth is ever turned away for a lack of funds*

*Cheques payable to St. Thomas Aquinas Canadian Martyrs (all money is allocated to proper parish)*

My youth was baptized at \_\_\_\_\_ parish in \_\_\_\_\_

Date: \_\_\_\_\_ Priest: \_\_\_\_\_

**(please provide a copy of the baptismal certificate)**

**The information below is confidential to those involved in running LIFE TEEN**

Does your young person have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? (please explain)

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does your young person take any medications? NO \_\_\_\_\_ YES \_\_\_\_\_ List: \_\_\_\_\_

**My young person has no special needs** \_\_\_\_\_

**In case of emergency, please contact:** \_\_\_\_\_ Phone \_\_\_\_\_

**Mark the appropriate place ONLY if the statement applies**

Our youth has not been baptized in the Catholic Church \_\_\_\_\_

The Church we belong to is STA \_\_\_\_\_ Canadian Martyrs \_\_\_\_\_ St. Theresa's \_\_\_\_\_ St. Catherine's \_\_\_\_\_

Other : \_\_\_\_\_ None: \_\_\_\_\_

Name: \_\_\_\_\_

**PARENT and ADULT VOLUNTEERS** are an important part of the LIFE TEEN ministry. As you may know the teen years can be a difficult time in a young persons life. They need the support of their peers, their church, and especially their parents! We would appreciate any time you can give to the ministry. The more that you are involved in your faith, the more your young people will see the importance of their own faith. Please se our Adult Ministry sheet attached to this page

### PHOTO RELEASE STATEMENT

- I hereby grant permission for my youth to be photographed and/or videotaped during *LIFE TEEN* Activities and events. I understand that my youth may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the *LIFE TEEN* and/or youth programs in the Archdiocese of Halifax.**

Name (PLEASE PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

- I hereby decline to grant permission for my youth to be photographed and/or videotaped during *LIFE TEEN* activities and events. I have instructed my youth to decline to be photographed and/or videotaped at all times. I have further instructed my youth to notify *LIFE TEEN* coordinators and/or Core Team Members that he/she may not be photographed and/or videotaped under any circumstances.**

Name (PLEASE PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

Thank you for taking the time to fill out this form. It will help us to serve your youth better. If you have any questions or concerns please feel free to contact us.

Brad MacKinnon STACM Youth Minister  
902-423-3057 ext. 223 email: youth@stacm.ca  
(please include "LIFE TEEN" in the subject line)