



Life Teen Registration Form 2017-2018

All Teens are encouraged to register for Life Teen. This will ensure that the teens will receive information regarding Life nights, along with any other opportunities, such as retreats, diocesan events, Summer events, and service projects.

Please complete this form and return it to the parish office with \$20 registration payment, or e-mail to:

dtorres@stmatthewcatholic.org

Teen Name: _____ **Shirt Size:** _____

Age & Birth Date: _____ **Sex:** **M** **F**

Address: _____

Home Phone: _____ **E-mail:** _____

High School Attending: _____ **Grade:** _____

I would like to participate at the Life Teen Mass as:

_____ an Usher/Greeter _____ a Lector _____ an Extraordinary Minister _____ a Musician (Voice, Guitar, Piano, etc.)

St. Matthew Catholic Church Youth Code of Conduct

I represent my family, St. Matthew and the Catholic Church. I will project an image of Christian consideration, sensitivity and respect for other people and the property around me.

I understand that I am acting as a role model and mentor for the children of St. Matthew and as such will be a representation of Christian responsibility, kindness and patience.

I will respect and adhere to all policies enforced by the adult volunteers, who will set an example by their conduct for me. If event is taking place off campus, I will respect and adhere to all policies set forth by the venue.

If event is an overnight, I understand that all cabins are gender specific and no one of the opposite gender may enter cabins, with the exception of the Youth Ministry staff person.

I understand that no one may leave the group or the premises without permission. In the unlikely event that a need to leave arises, I will seek the consent and permission of the Youth Ministry staff person.

I understand that all St. Matthew Youth Ministry events are designed as drug, alcohol, tobacco and BAD ATTITUDE free; and anyone found in possession of any of the above substances or attitudes will be dismissed immediately. Parents will be called at any hour to retrieve the person who violates this rule.

I agree that everyone is responsible for clean-up.

I have read and understand the above rules. I agree to abide by them for the duration of the Youth Ministry Event. I am aware that in failing to do so, I can be dismissed from the event.

Youth Participant Name (printed): _____

Youth Participant Signature: _____

Parent/Guardian Signature: _____ **Date:** _____



Life Teen Registration Form 2017-2018

Parent/Guardian: _____ Cell Phone: _____

Parent 2 a/o Emergency Contact: _____ Cell Phone: _____

Parent Email: _____

Primary Physician: _____ Physician Phone Number: _____

Insurance Company: _____ Policy Number: _____

Health History: Please list any and all allergies, health conditions or concerns.

Medications: Please list any and all medications being taken, reason for taking them and dosage.

RELEASE:

I hereby consent to participation by my child in the event titled above. I understand that this event will take place either away from or on parish grounds and that my child will be under supervision of the designated supervisor(s) and adult volunteers. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation (adult drivers or bus). I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/ guardianship. I give permission for the Diocese of Charlotte and/or St. Matthew Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. Matthew Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to the use of any photograph, slide, videotape or audiotape of my child while participating in the program.

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signed): _____ Date: ____/____/____

Parents! Please check one or both of the following options:

_____ I would like to help by preparing/providing/serving meals for the Life Nights on the Hospitality Team

_____ I would like to help by setting up the environment for the Life Nights on the Environment Team

Having dinner together allows teens time to have fellowship and build long, lasting relationships with their peers. Dinners are not possible without the help from parents to cook for the teens ... this is a great way to get to know our awesome teens at SMLT! If you volunteer to cook ... you will only have to do it once a year (unless you want to do it more). THANK YOU FOR YOUR

CONTINUED SUPPORT!!