

ST. PETER TEEN LIGHT YOUTH MINISTRY

MEMBERSHIP FORM

Youth participant's full name: _____ Date of membership: _____

Date of Birth: _____ Sex: _____ Male _____ Female _____

Address: _____

Home Phone: _____ Email: _____

School: _____ Grade: _____

a) Father's / Guardian's full name: _____

Work phone: _____ Cell phone: _____

Email: _____

b) Mother's / Guardian's full name: _____

Work phone: _____ Cell phone: _____

Email: _____

c) Teen lives with: _____ Parents _____ Father _____ Mother _____ Guardian _____ Other _____

d) Emergency contact name: _____ Phone: _____

e) Teen has permission to drive to offsite youth events. _____ Yes _____ No _____

f) Would you be willing to volunteer with our youth program?

Name: _____ Phone: _____

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

h) _____

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 _____

(Please return one registration form for each youth participant with a completed medical form.)