

# Friends in Christ Registration Form

*We will be communicating by e-mail whenever possible....please provide your e-mail address.*

1 <sup>st</sup> YOUTH'S FULL NAME _____			
BIRTH DATE _____	GENDER _____	GRADE _____	T-SHIRT SIZE (Child)_____
SCHOOL _____			
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2 <sup>nd</sup> YOUTH'S FULL NAME _____			
BIRTH DATE _____	GENDER _____	GRADE _____	T-SHIRT SIZE (Child)_____
SCHOOL _____			

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home E-mail address: \_\_\_\_\_

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

**Name of Child** \_\_\_\_\_ **Special Need** \_\_\_\_\_

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

\_\_\_\_\_

Does this child take any medications? NO \_\_\_\_\_ YES \_\_\_\_\_ List: \_\_\_\_\_

My child has no special needs \_\_\_\_\_

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

Check the appropriate box <u>ONLY</u> if the statement applies:
Youth has not been baptized in the Catholic Church _____
I/We would like to discuss Baptism and/or Sacrament preparation for our child _____
Registered at St. Thomas More YES_____ NO _____

Your child will be provided with a children's Bible (one per family) as part of their registration. We will use this Bible as part of our teaching for FIC. Please include a \$10 check with the registration form. Also, FIC t-shirts are available. Please indicate shirt size above **ONLY IF THEY DO NOT HAVE ONE.**

**MODEL RELEASE STATEMENT**

- I hereby grant permission for my child to be photographed and/or videotaped during LIFETEEN activities and events. I understand that my child 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 LIFETEEN and/or youth programs at St Thomas More.

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

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

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

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

(Signature) \_\_\_\_\_ (DATE) \_\_\_\_\_