YOUTH MINISTRY
Registration Form 2021-22

Our Lady of the Valley Parish
505 N La Cañada Dr.
Green Valley, AZ 85614

Teen Information

Name:_____ Date: _____

Date of Birth: _____ Male ☐ Female ☐

Home Address: _____

City: _____ State: _____ Zip Code: _____

School Name _____ Grade: _____

Sacraments Received (Please Circle):

Baptism First Communion Confirmation

Parents/Legal Guardian Information

FAMILY Last Name: _____

Father's Name: _____ Cell Number: _____

Mother's Name: _____ Cell Number: _____

Home Phone Number: _____

Preferred Email Address:_____

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Emergency Contact

(In case parent cannot be reached)

Emergency Contact 1:

Name: _____

Relationship to Teen: _____Cell Number: _____

Emergency Contact 2:

Name: _____

Relationship to Teen: _____Cell Number: _____

Medical Information

Please list any information that may be needed in case of an emergency:

Medical/Food Allergies: Other Medical Information:

_____ _____

_____ _____

_____ _____

To minister to each child carefully, we must know if your child has any social and/or learning issues.

Yes / No

If yes, please describe: _____

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Authorization of Treatment

To Whom It May Concern:

I, _____ hereby authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending Physician, may endanger his/her life, if delayed.

This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

_____ _____ _____

Parent Printed Name Parent Signature Date

Consent and Parent Signature

My son/daughter has permission to participate in the *Youth Group of Our Lady of the Valley Parish,* under the guidance and supervision of designated representatives. I also warrant that all information provided on this form is accurate.

_____ _____ _____

Parent Printed Name Parent Signature Date