

YOUTH MINISTRY (GRADES 7th - 12th) EMERGENCY FORM

This form is necessary for enrollment and must be submitted at registration.

Print 1 st Youth's (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
(Youth's Birthdate)	(Grade)	(Family Name if different)		
Print 2 nd Youth's (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
(Youth's Birthdate)	(Grade)	(Family Name if different)		
Print 3 rd Youth's (Last Name)	(First Name)	(Parent or Guardian's Signature)	(Print Full Name)	(Date)
(Youth's Birthdate)	(Grade)	(Family Name if different)		

Address	City	Zip code	Telephone # or Cell #
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(I/We) request that the above named youth be permitted to attend St. Matthew Youth Ministry/Confirmation Classes.

We [youth and parent(s)] agree to all of the guidelines outlined in the Registration Packet and agree to the emergency instructions.

In the event of an emergency and I do not answer my phone or the emergency contacts listed below are not available, I give St. Matthew's permission to seek medical care for my youth. I accept responsibility for the payment of these medical services. Please Initial ().

Parents Languages: _____ Youth lives with: (both parents _____) (Dad _____) (Mom _____) (Other _____)

**Name of other persons authorized to pick up your youth from class: _____

1st Emergency #: _____ Contact Person: _____ Can this person pick up youth from class? Yes () No ()

2nd Emergency #: _____ Contact Person: _____ Can this person pick up youth from class? Yes () No ()

CUSTODY ISSUES: Absent a copy of a court order, we will assume that both parents have custody of the youth. If there are problems of custody which might involve St. Matthew, please give us the necessary information below. Specific custody restrictions must be verified by providing us with a copy of the COURT ORDER.

(PARISH OFFICE USE ONLY)

Youth's Name	Signature of parent or guardian	Print Full Name	Date	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____