



St Olaf Teens For Christ
Youth Ministry Registration 2026-27

Please print legibly

Parent Info

Home address: _____ City: _____ ZIP: _____

Home phone: _____

Mother/Guardian

Father/Guardian

Name: _____

Name: _____

Cell#: _____

Cell#: _____

Email: _____

Email: _____

	Edge (6-8 grade)	Life Teen (9-12 grade)
Youth name:		
Youth cell:		
Youth email:		
Youth date of birth:		
Youth grade / school attending:		
Food Allergies:		
Youth name:		
Youth cell:		
Youth email:		
Youth date of birth:		
Youth grade / school attending:		
Food Allergies:		

	Edge (6-8 grade)	Life Teen (9-12 grade)
Youth name:		
Youth cell:		
Youth email:		
Youth date of birth:		
Youth grade / school attending:		
Food Allergies:		
Youth name:		
Youth cell:		
Youth email:		
Youth date of birth:		
Youth grade / school attending:		
Food Allergies:		

Media Release: I permit St. Olaf Youth Ministry to use my child(ren)'s image ____ Yes; ____ No

Fees: \$70 for the first youth and \$65.00 for each additional youth.

Confirmation candidates only pay \$175.00 Confirmation fee (do not pay a separate Life Teen fee)

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Check# _____ Amount pd \$ _____