

# St. Gabriel Parish

## Youth Ministry 2023-2024 Registration



Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Father's Cell \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Who does email belong to? \_\_\_\_\_

**If applicable:**

Step-Father's First Name \_\_\_\_\_ Step-Father's Last Name \_\_\_\_\_

Step-Mother's First Name \_\_\_\_\_ Step-Mother's Last Name \_\_\_\_\_

Emergency Contact: (Other than parent)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student/s \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who does student/s live with? Both Parents  Father  Mother  Grandparents

Other  Please specify \_\_\_\_\_

Is your family registered members of St. Gabriel Parish? Yes  No

If no, which parish are you registered with? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

List student/s you wish to register below and include dates each sacrament was received.

Student Name	Grade	School Attending	D.O.B.	Baptism	Confirmation	Eucharist	Reconciliation

Days & times you are available to volunteer for group time/activities: \_\_\_\_\_

Preference of high school or middle school volunteer opportunities: \_\_\_\_\_

***PLEASE fill out Medical & Media sections ON OTHER SIDE OF REGISTRATION.***

Parishioner registration fees: 1 child = \$25; 2 children = \$50; 3 or more = \$75

Non-parishioner registration fees: 1 child = \$50; 2 children = \$100; 3 or more = \$150

**Registration forms are due by September 20<sup>th</sup>.**

## Media Release Authorization

St. Gabriel Parish will not photograph, video tape and or voice tape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and or voice taped by parish personnel. Photographs, videotapes and or voice tapes, when consented to, will only be used for parish purposes. (ex. Website, parish bulletin board, bulletins, newsletter, etc.) I hereby give permission for the personnel of St. Gabriel Parish to photograph, videotape and/or voice tape my child/children for parish purposes. This release is for all children listed on the front of this registration form and is good for the 2023-2024 school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Diocese of Saginaw Minor Medical Treatment Authorization

Reason for which release is intended: St. Gabriel Parish Religious Education Program 2023-2024.

To Whom It May Concern: As parent/guardian of the listed student/s, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

### Family Information

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address of Minor/s \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian Emergency Phone (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Physician Address \_\_\_\_\_ City \_\_\_\_\_

*Please indicate child's name and list allergies, medications, conditions, or other concerns below.*

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### Health Insurance Data

Company \_\_\_\_\_ Policy \_\_\_\_\_

Group \_\_\_\_\_ Contract \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_