

St. Michael the Archangel's Life Teen 2009-2010 Academic Year Registration Form

Please complete front and back of form and return to Life Teen

We ask that everyone fill this out completely so we may use this information for all events your child attends during the 2009-2010 academic year. You need to fill form out once throughout high school unless your information changes. Please return this for the LIFE TEEN office or drop box as soon as possible. Thank you.

Teen Name: _____ Teen Social Security #: _____
(Required for most hospital treatment)

Address: _____ Age: _____ Birth date: ___/___/___ T-shirt size: _____

City: _____ Zip: _____ Home Phone # _____

Teen E-mail: _____ Parent's E-Mail: _____

Teen Cell # _____ School: _____ Grade: _____

Father/Guardian Name: _____ Home Phone #: (_____) _____

Address(if different): _____ Work Phone#: (_____) _____

City: _____ Zip: _____ Cell Phone#:#: (_____) _____

Mother/Guardian Name: _____ Work Phone #: (_____) _____

Address(if different): _____ Home Phone#:#: (_____) _____

City: _____ Zip: _____ Cell Phone#:#: (_____) _____

Siblings: _____

Emergency Contact: _____ Relationship: _____

Phone#:#: (_____) _____

PARENTAL CONSENT (signature required)

1. The undersigned does hereby give permission for our (my) child to attend and participate in activities such as XLT, St. Frances Table, Putt Putt, Movies etc. sponsored by the St. Michael the Archangel's LIFE TEEN Program.
2. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist.
3. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.
4. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.
5. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise, the undersigned shall assume all transportation costs.
6. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Michael the Archangel's LIFE TEEN Program.

Father or Guardian

Date

Mother or Guardian

Date

Please provide the following information and a copy of the teen's insurance card:

Medical/Hospital Insurance Carrier: _____

Name of Policy Holder: _____ Policy/Group Number: _____

Address and Phone # of Carrier: _____ (____) _____

Medications: _____ Date of last tetanus immunization: ____/____/____

Food or Drug Allergies/Medical
Conditions: _____

IMPORTANT: EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION/NOTE SHOULD BE ATTACHED TO THIS FORM.

TEEN CONTRACT (SIGNATURE REQUIRED)

I understand that by requesting to go on LIFE TEEN trips, I am promising to cooperate with the LIFE TEEN staff, priest(s), core members, and other teens throughout the trip. I promise to follow all instructions and rules. I understand that smoking on any trip is not allowed except by prior written parental permission and then in designated areas. I agree that I will not bring or use any illegal drugs or alcohol.

Teen

Date

Teen Information:

Is there anything you would like to share about your child to help us get to know them better? _____

Extra Curricular Activities: _____

Hobbies/Interests: _____

Favorite Music Group/Singer: _____

Church Ministries Involved In: _____

Life Teen Committees Involved In: _____

Life Teen Events Attended:

- _____ Life Nights
- _____ Spring/ Fall Retreats
- _____ Service Projects
- _____ Steubenville
- _____ Other _____

Special Friend at Life Teen: _____