

OUR LADY ON THE RIVER PARISH YOUTH MINISTRY REGISTRATION FORM

Please fill in COMPLETELY and PRINT CLEARLY

Please indicate which program your teen intends to participate in*:

___ OLR High School Youth Group (8th-12th Grade)

___ OLR Middle School Youth Group (6th-8th Grade)

Teen Name: _____ Grade: _____

DOB: _____ School: _____

Allergies/Special Needs: _____

Teen Name: _____ Grade: _____

DOB: _____ School: _____

Allergies/Special Needs: _____

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Preferred Method of Contact: _____

___ I give permission for my child's (children's) name to be published in any form of communication, including Youth Ministry publications, newsletters, Our Lady on the River Parish bulletin publications, etc.

Signature of parent or guardian: _____ Date: _____

___ I give permission for my child (children) to be photographed, videotaped, or audio recorded for educational & community relations not-for-profit use in such publications as the church bulletin, newsletter, community newspapers, marketing brochures, program materials, or for promotional purposes, etc.

Signature of parent or guardian: _____ Date: _____

PLEASE INCLUDE A MEDICAL TREATMENT RELEASE FORM FOR EACH TEEN REGISTERED. THIS FORM MAY BE FOUND ON THE YOUTH MINISTRY PAGE AT OURLADYONTHERIVERPARISH.NET.

*8th grade teens are welcome to participate in both programs, at the discretion of their parent/guardian. Please contact Cassidy with any questions about our programs!