

## 2016-2017 LIFE TEEN REGISTRATION

### TEEN SPECIFICS

FULL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GENDER: \_\_\_\_\_

HOME PHONE: (        ) \_\_\_\_\_ TEEN EMAIL: \_\_\_\_\_

I GIVE MERCY PERMISSION TO TEXT MY DAUGHTER/SON REMINDERS ABOUT UPCOMING EVENTS AND TRIPS: YES / NO

IF YES: CELL (        ) \_\_\_\_\_

### PARENT SPECIFICS

FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME and # \_\_\_\_\_

I WOULD LIKE TO SPONSOR A TEEN / SUPPORT LIFE TEEN BY MAKING A DONATION OF: \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$50 \_\_\_\_\_ Other \_\_\_\_\_

I am interested in Chaperoning trips: YES / NO

I am interested in helping provide meals for Life Nights: YES / NO

### SPECIAL NEEDS [if applicable] **\*\*CONFIDENTIAL\*\***

SPECIAL NEED: \_\_\_\_\_

DESCRIBE ANY ALLERGY, CHRONIC ILLNESS OR OTHER CONDITIONS:

\_\_\_\_\_

### MODEL / SOCIAL MEDIA

I hereby grant permission for my Teen to be photographed and/or videotaped during LIFE TEEN activities and events. I understand that my Teen may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting LIFE TEEN and/or youth programs at Our Lady of Mercy Catholic Church. I hereby grant permission for my Teen to be contacted via social media sites such as parish websites, Facebook, Twitter, Vine, Instagram, Vimeo and YouTube for the purpose of promoting LIFE TEEN and/or youth programs at Our Lady of Mercy Catholic Church and/or to proclaim our faith that Christ is God, the Savior of humanity and of history, the one in whom all things find their fulfillment. I understand that my Teen may decline to be contacted at any time.

Name of Teen: \_\_\_\_\_ Permission Given: \_\_\_\_\_ Permission Not Given: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Registration is \$40. Please pay cash or make checks out to Our Lady of Mercy.