

# 2023-2024 Sacred Heart Youth Ministry Registration Form

Welcome and thank you for being a part of Sacred Heart's Youth Group community for 6<sup>th</sup>-12th grade youth. These registration forms will help us stay organized, connected with families, and provide a safe environment for all youth. Please have a parent fill it out as completely as possible. We want this form to be friendly to all kinds of families, so please let us know if there are ways we can improve it in the future. Please contact Youth Ministry Coordinator, Amanda Cardenas ([acardenas@sacredheartprescott.com](mailto:acardenas@sacredheartprescott.com)) with any questions or concerns.

## Parent(s)/Guardian(s):

Names

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Address(es): \_\_\_\_\_

Cell Numbers: (Guardian 1) \_\_\_\_\_

(Guardian2) \_\_\_\_\_

Work Numbers: (Guardian 1) \_\_\_\_\_

(Guardian2) \_\_\_\_\_

Email: (Guardian 1) \_\_\_\_\_

(Guardian 2) \_\_\_\_\_

Would either parent be interested in cooking, driving, chaperoning, or volunteering in another way at certain youth ministry events? \_\_\_\_\_

## Youth(s)

YOUTH 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Age: \_\_\_\_\_ Rising or Current Grade: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

Cell Number (opt): \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Gender: M / F Allergies or Medical Conditions:

YOUTH 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Age: \_\_\_\_\_ Rising or Current Grade: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_ Cell

Number (opt): \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Gender: M / F

Allergies or Medical Conditions:

YOUTH 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Age: \_\_\_\_\_ Rising or Current Grade: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_

Cell Number (opt) : \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Gender: M / F

Allergies or Medical Conditions:

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**Communication Consent**

(Parents Initial Where Applicable)\_\_\_\_\_ I would like to receive monthly newsletter communications from Sacred Heart Youth Ministry. \_\_\_\_\_ I would like my phone to be added to the "Remind App" texting group for parents. \_\_\_\_\_ I would like my youth to be added to the appropriate "Remind App" texting group for their age group.

**MEDIA Consent**

Occasionally, photos are taken at Youth Ministry functions. Please put a check mark or X on the line that best describes your families wishes:

\_\_\_\_\_ Yes, I give permission for my child's photo to appear in publications, promotional materials, displays, websites, social media outlets including Instagram or Facebook, or media coverage including newspapers or television organized or authorized by Sacred Heart Roman Catholic Parish, Prescott, Arizona, or subsequent churches within the diocese. Sacred Heart Roman Catholic Parish will never publish the name of a child with a photo.

\_\_\_\_\_ No, I do not give permission for my child's name or photo to appear in any publications, promotional materials, displays, websites, social media outlets including Instagram or Facebook, or media coverage including newspapers or television organized or authorized by the Sacred Heart Roman Catholic Parish Prescott. I understand that it is my responsibility to instruct my child not to take part in group photos for publication, nor to be interviewed by media representatives. Best practices for photography of children are to 1) avoid children's faces if possible, 2) photograph the backs of children's heads or their hands engaged in an activity, or 3) keep them in the background of the photo (in the depth of field).

\_\_\_\_\_ Check this box if you checked the second box and did not give permission for your child's photo to be used but would like to do so on an event by event basis.

Signature of Parent / Guardian: \_\_\_\_\_ Date:

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**Medical Form**

Medical Insurance: Name of Provider: \_\_\_\_\_ Group/Member ID: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Name of Primary  
Insured: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Primary Physician:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact If Parent(s)/Guardian(s) Cannot Be Reached:

Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Other Phone: \_\_\_\_\_

Are there any other family members or friends other than a parent, guardian, or sibling who have permission to pick up your youth from youth group?

Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_  
\_\_\_\_\_

Use the following lines to describe any pertinent medical or safety information that we need to know. This might be details on allergies or medical conditions (listed on first page) such as prescription or treatment information. It could also include information on individuals such as a former guardians or relatives who do not have permission to be around your youth.

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