



MIDDLE SCHOOL GRADES 6-8TH

2020-2021 MIDDLE SCHOOL REGISTRATION FORM

YOUTH'S FULL NAME _____

BIRTH DATE _____ GENDER _____ GRADE _____ T-SHIRT SIZE _____

SCHOOL _____

YOUTH'S E-MAIL ADDRESS _____

Family's Last Name _____ Home Phone Number _____

Address _____ City, State, ZIP _____

Father's Full Name _____ Mother's Full Name _____

Father's Work Phone _____ Mother's Work Phone _____

Family's e-mail _____

I would like to minister as a Core Team Member For Middle School _____

I would like to minister to the Middle School Program by helping to set up on Wednesday morning/afternoon

I would like to sponsor a middle school youth \$15 _____ \$25 _____ \$35 _____ other _____

Annual Fees \$35.per Child

Amount Paid \$ _____ Check # _____ Cash _____

Please complete additional registration information on part 2.



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REGISTRATION FORM PART 2

CONFIDENTIAL INFORMATION

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?

Name of Child _____ Special Need _____

Describe any allergy, chronic illness or other conditions: _____

Does this child take any medications? NO _____ YES _____ List: _____

My child has no special needs _____

In case of emergency, please contact: _____ Phone: _____

Check the appropriate box ONLY if the statement applies

Middle School Youth has not been baptized in the Catholic Church _____

I/We would like to discuss baptism and/or sacrament preparation for our middle school youth _____

Registered at St. Paul the Apostle Catholic Church YES _____ NO _____

MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during Activities and events. I understand that my child 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 the youth programs at St. Paul the Apostle Catholic Church.

Name (PLEASE PRINT) _____

Signature _____ Date _____

I hereby decline to grant permission for my child to be photographed and/or videotaped during EDGE activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.

Name (PLEASE PRINT) _____

Signature _____ Date _____