



Holy Family & St. Robert's Parishes

## LifeTeen (Grades 9-10) Registration Form

### 2009-2010

*Please Print – and be sure to fill out reverse side*

Parent(s) & Child(ren)'s Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

*(Please print clearly)*

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Religion: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_ Parish Member(s)? \_\_\_\_\_

Name of Child	Birth Date	Grade in 2009-10	School

Child(ren) resides with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other

Are there any custodial issues we need to be aware of?

\_\_\_\_\_

Any allergies or special needs we need to know about? \_\_\_\_\_

\_\_\_\_\_

Please explain other concerns we should be aware of. \_\_\_\_\_

\_\_\_\_\_

If your teen(s) are interested in any activities (musical instruments, singing, drama, theater, sports, etc.), please describe them. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

**You Know we need your help!  
Please check your choice for volunteering!**

<input type="checkbox"/> Core Team Member
<input type="checkbox"/> Small Group Leader
<input type="checkbox"/> Chaperone/Driver
<input type="checkbox"/> Service Volunteer Supervisor
<input type="checkbox"/> Liturgy/Music

Name of Emergency Contact (other than parent) _____
Phone _____
Relationship to child(ren) _____

**Photograph/Video Release Statement**

I hereby grant permission for my child to be photographed and/or videotaped during *Life Teen* 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 *Life Teen* and/ or youth programs at Holy Family and St. Robert Catholic Churches.

**Parent Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I look forward to your participation in the program this year! If at any point you have any questions or concerns about the Life Teen Program, contact Ben Wolf at [wolfb@archmil.org](mailto:wolfb@archmil.org) or 414-332-9220 ext. 133, or at [bwolf@strobert.org](mailto:bwolf@strobert.org) or 414-332-1164 ext. 3012.*