



Leading Teens Closer to Christ!

Registration Form for 2017-18 Formation Year

High School Grades: 9-12th *see note in this section

Home School: 14-18 yrs old *see note in this section

Meeting Time: Sundays 4-6pm

Special Events Times: See website & email

Normal Location: PAC (Gym & CYM Rm. #227)

Registration Fee: \$30.00 first teen (\$15 each additional)

Make checks to Sacred Heart Church with CYM on memo line

***Note:** Teens 19 yrs or older before August 2017 are not eligible to register or participate in Sacred Heart Life Teen. However, you are invited to participate in Sacred Heart's Young Adult Ministry.

Teens must be registered with Sacred Heart Life Teen to attend off-campus events.

FAMILY INFORMATION (Please print clearly)

Registered in this Parish: Y N Which Mass do you attend?: **Sat.** 5pm **Sun.** 9am 11:45am 2pm

Last Name: _____ Mailing Address: _____

PARENT/GUARDIAN INFORMATION

Relationship to Youth: _____

Relationship to Youth: _____

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Religion: _____

Religion: _____

Primary e-mail to contact parent: _____

Contact phone during Life Nights (Sundays 4-6pm): _____ Home Phone: _____

STUDENT INFORMATION

Student's Last Name (If Different): _____ Resides With: Mom - Dad - Both

*** Please List all HIGH SCHOOL Students in your residence from *Oldest to Youngest***

FIRST NAME	TEEN EMAIL	TEEN CELL	* CELL PROVIDER	Male or Female	DOB	GRADE	SCHOOL

* Providing cell phone information allows us the ability/permission to text message info & reminders to your teen(s).

What school or Church activities is your teen involved or interested in doing? _____

Which of these Sacraments has your teen received (check)? **Baptism**___ **Holy Communion**___ **Confirmation**___

Does your teen have any allergies or other special needs? ___ (If yes, please list his/her needs below)

FINANCIAL ASSISTANCE REQUEST

Financial assistance of 50% off the registration fee is available based on financial need. If needed, please provide reason.

Reason for request: _____

Payment for your portion of the registration must be paid prior to your teen participating in any off-campus event.

OFFICE USE ONLY

DATE FORM RECEIVED _____ AMT PD. \$ _____ AMT DUE \$ _____ CHECK# _____ CASH \$ _____



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ATTENDANCE POLICY FOR COVECREST SUMMER CAMP

Teens wishing to participate in Covecrest Summer Camp must maintain a 50% or greater attendance in Life Nights during the Spring Semester. Percentages calculated based on time the family began residing in the Macon Deanery area. (Registered teens may invite visiting high school relatives, as long as the member maintains attendance rate)

PHOTO RELEASE

PHOTO RELEASE: I hereby grant permission for photographs taken of me at this event to appear on one of the communication mediums of my parish/school/organization (bulletin, newsletter, website, etc.) and/or the Catholic Diocese of Savannah (e.g., Sacred Heart Bulletin, Parish websites, The Southern Cross or diocesan websites). I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent.

Signature: _____ Date: _____

LIABILITY WAIVER, MEDICAL, TRANSPORTATION & CONSENT

I voluntarily agree to allow my child to participate in the in the Sacred Heart Life Teen. I understand there are games and activities involved, and there are risks involved in activities. These activities will take place under the guidance and direction of employees/volunteers from Sacred Heart Church. I also understand that my child's participation may require transportation to/from event sites, and this transportation is arranged by my parish/school/organization leaders.

I agree to hold harmless and defend Sacred Heart Parish, its officers, directors, employees and agents, and the Diocese of Savannah, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate my parish/school/organization named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage

Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Phone #: _____

ATTENTION PARENTS – HELP IS NEEDED

Dear Parents/Guardians, We're excited about another awesome year with Life Teen CYM! As with any ministry, it takes the help of many to keep it thriving. Please check any areas below you feel called to serve.

Areas we can us assistance are:

___ Chaperone Driver (Virtus required) ___ Food & Refreshments for special events

___ Host Home for special events (Virtus required) ___ Decorations

___ Fundraising/Development ___ Assist with a service project (Virtus required)