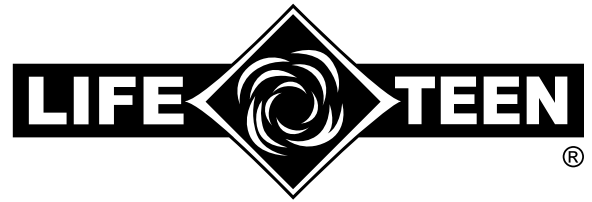


2009-2010 REGISTRATION - \$35

www.stjoelifeteen.org



TEEN SPECIFICS

FULL NAME _____ GRADE _____ T-SHIRT _____

E-MAIL _____ SCREEN NAME _____

HOME PHONE () _____ TEEN CELL () _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTHDAY _____ SCHOOL _____ GENDER _____

I HAVE ENCLOSED AN ADDITIONAL \$10 FOR A LIFE TEEN T-SHIRT

PARENT SPECIFICS

FATHER'S NAME _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

EMERGENCY CONTACT # _____

I WOULD LIKE TO SUPPORT LIFE TEEN BY MAKING A DONATION OF:

\$10 _____ \$20 _____ \$50 _____ \$100 _____ OTHER _____

SPECIAL NEEDS

[if applicable]

****CONFIDENTIAL****

SPECIAL NEED _____

DESCRIBE ANY ALLERGY, CHRONIC ILLNESS OR OTHER CONDITIONS: _____

MEDICATIONS: NO YES LIST: _____

MODEL RELEASE

PERMISSION GRANTED:

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 photographers 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 St. Joseph Catholic Church.

NAME (please print) _____
SIGNATURE _____ DATE _____

PERMISSION DENIED:

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

NAME (please print) _____
SIGNATURE _____ DATE _____