

SAINT BRIGID ROMAN CATHOLIC CHURCH

LIFE TEEN REGISTRATION FORM 2020-21

3400 OLD ALABAMA ROAD, JOHNS CREEK, GA 30022
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\$100 Registration Fee

FAMILY NAME: _____ **ENVELOPE #:** _____

Emergency Phone Number: _____ **Relationship to student:** _____

Mailing Address: _____

Street _____ City _____ Zip Code _____

Phone: _____ **Email Address:** _____

REQUIRED- PLEASE UPDATE

Father's Full Name: _____ **Father's Cell:** _____

Mother's Full Name: _____ **Mother's Cell:** _____

STUDENT INFORMATION:

Last _____ First _____ Middle _____ Goes by _____

Student email: _____ **Student Cell:** _____

Date of Birth: _____ **Male** _____ **Female** _____

2020/21 Grade _____ **School Student Attends in 2020-21** _____

Health Concerns/Allergies/Special Needs: _____

Sacraments Received (Circle if YES): Baptism First Communion Reconciliation Confirmation

**POLICY OF THE ARCHDIOCESE OF ATLANTA CONCERNING THE PROTECTION OF CHILDREN
(PLEASE READ AND INITIAL):**

_____ I hereby grant my approval for my child to attend the Archdiocesan training, which will be presented on Sunday, Oct 18, 2020 during our Life Night in the Life Teen Room (Room 133). **-OR-**

_____ I decline to grant approval for my child to attend the archdiocesan training. Information about this program available at: <http://www.archatl.com/ministries-services/safe-environment/grades-k-12/>

PARENT/GUARDIAN CONSENT:

- ◆ I give permission for my child to attend all Sunday Life Teen activities, including offsite activities promoted by Life Teen.
- ◆ By policy, the churches in the Archdiocese of Atlanta maintain parishes and parish-sponsored events which are both drug and weapon free.
- ◆ Saint Brigid staff is not responsible for teens that choose to leave an event without permission.
- ◆ I understand that promotional pictures (individual or group) will be taken at Life Teen events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event.
- ◆ I give permission for the Saint Brigid Youth Ministry staff and adult volunteers to contact my teen via: e-mail, text, Instagram, Facebook, Twitter and other forms of social media when it pertains to youth ministry.

Parent /Guardian Signature

(BOTH SIDES NEED TO BE COMPLETE AND SIGNED)



Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____
Phone #: _____ Cell # _____ Work Phone #: _____
Home address: _____
Place of business/address: _____

Mother/Guardian's full name: _____
Phone #: _____ Cell # _____ Work Phone #: _____
Home address: _____
Place of business/address: _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ **Date** _____