

PLEASE RETURN REGISTRATION FORMS  
TO SAINT JOAN OF ARC ROMAN CATHOLIC CHURCH  
3801 E Greenway Phoenix, AZ 85032

FOR OFFICIAL USE ONLY	
Registration Fee: \$	<u>50</u>
Paid: \$	_____
Donate: \$	_____
Cash: _____	Check#: _____

# High School Youth Group Registration 2016/2017

SOLTEEN serves 9-12<sup>th</sup> graders  
Monday Nights 6:00P.M. to 8:15P.M.

SOLTEEN Kick Off September 12<sup>th</sup>, 2016

[WWW.STJOANOFARC.COM](http://WWW.STJOANOFARC.COM)

Family's Last Name \_\_\_\_\_ Parents Name \_\_\_\_\_

(Home Phone) \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parents Email \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Teen's Name (First and Last)	Birth Date	M/F	Grade	School
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Sports/Activities: \_\_\_\_\_

Are you able to provide vehicle transportation for SOLTEEN events? If YES, how many can your vehicle transport, not including the driver? \_\_\_\_\_ \*Please note that insurance information will be needed at the time of the event.

Participants Email Address \_\_\_\_\_  
We will be sending periodical updates on events through email. Please make sure your email is legible.

## Emergency Information

Alternate emergency contact: \_\_\_\_\_  
First & Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation to Teen \_\_\_\_\_

Special medications, illnesses or conditions we should know about: \_\_\_\_\_

Does your teen have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason? If yes, please state them in space below.

Yes  No If Yes, \_\_\_\_\_

Does your child have any food allergies?

Yes  No If Yes, \_\_\_\_\_

## Medical Release

I request that the above named participant be allowed to attend church related activities, events, trips, socials and service opportunities with St. Joan of Arc Roman Catholic Parish. In the event of an illness, I request that the designated CORE volunteer or Coordinator of Youth Evangelization obtain medical treatment on my behalf for my student if I or the emergency contact number cannot be reached. Prescription medicine will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well being of my teen and that I will be contacted immediately in case of emergency or accident. I understand this form will be kept on file and used for the entire fiscal year dated below. I promise to update any information that changes throughout the year. I understand I will be asked to sign attendance forms for each event or trip. I will not hold St. Joan of Arc Roman Catholic Parish Phoenix, the Diocese of Phoenix, the chaperone or Coordinator of Parish Youth Ministry responsible for accident or injury.

## Multimedia Agreement

I hereby grant permission to have photos and/or video taken of my child during SOLTEEN activities and events for the purpose of parish use. I also give permission to allow these pictures/videos to be posted on the Youth Group's Facebook or parish website for the purpose of promoting SOLTEEN Youth Group.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Legal Guardian Signature*

I give permission for my child to receive event info and updates via text messages.  Yes  No

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_

## Behavior Agreement

My student named above will dress and act respectfully; use no verbal or physical abuse of self or others; will not have in their possession at anytime, alcohol, drugs or tobacco of any kind; will be responsible for their own belongings, will not leave the designated area at any time for any reason without contacting the adult in charge; and will review these guidelines with me prior to signing below. I understand that if the teen named above is involved in any illegal activity or serious destructive behavior that I will be contacted immediately and responsible for their immediate transportation home.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Father/Legal Guardian Signature*

\_\_\_\_\_  
*Mother/Legal Guardian Signature*

Turn registration in before kick off date!!!