

**St. Gabriel Parish Youth Ministry
Registration Form 2022 - 2023**

Family Information

Family Name _____ Family email _____

Family Address _____ City _____ Zip _____

Family Phone _____ Youth lives with ____ Both Parents ____ Mother ____ Father

Mother's Name _____ Mother's cell _____

Father's Name _____ Father's cell _____

Step-Mother's Name _____ Step-Father's Name _____

Is your family a registered member at St. Gabriel Parish? ____ if no, where do you belong? _____

Would you be willing to help with our Youth Ministry program? ____ Yes ____ No

Student Information

Student's Name	Birth Date	Grade	School

Registration fees are: 1 child-\$25; 2 children-\$50; 3 or more-\$75 (non-Parishioner is double)

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Media Release Authorization

St. Gabriel Parish will not photograph, video tape and or voice tape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and or voice taped by parish personnel. Photographs, videotapes and or voice tapes, when consented to, will only be used for parish purposes. (ex. Website, parish bulletin board, bulletins, newsletter, etc.)

I hereby give permission for the personnel of St. Gabriel Parish to photograph, videotape and/or voice tape my child/children for parish purposes. This release is for all children listed on the front of this registration form and is good for the school year 2022-2023.

Parent/Guardian Signature _____ Date _____

Diocese of Saginaw

Minor Medical Treatment Authorization

To Whom It May Concern: As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

This authority is granted only after a reasonable effort has been made to reach me.

Family Information: Reason for which release is intended:
St. Gabriel Parish Religious Education Program 2022-2023.

Address of Minor _____ City _____

Emergency Phone(s) (_____) _____ or (_____) _____

Family Physician _____ Phone (_____) _____

Physician Address _____ City _____

Name of Minor _____ Relationship to you _____

Name of Minor _____ Relationship to you _____

Name of Minor _____ Relationship to you _____

Name of Minor _____ Relationship to you _____

List allergies, medication, contacts, or other concerns below. Please indicate child's name.

Health Insurance Data

Company _____ Policy _____

Group _____ Contract _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date _____ Signed _____ Parent or Guardian