

SAINT ELIZABETH ROMAN CATHOLIC CHURCH
PO Box 780, Uwchlan, PA 19480
HIGH SCHOOL YOUTH GROUP

Student Membership Form: 2008 – 2009

Check One: High School YG – FISH 7th & 8th grade YG - FLY

Member's Full Name: _____ Home Phone _____

Date of birth _____ Sex: male female

Address: _____ City: _____

Member's Cell Phone: _____ Member's E-Mail _____

School attending in 2008-2009: _____ Grade _____

Father's Full Name: _____ Home Phone: _____

E-Mail _____ Cell Phone _____

Mother's Full (+Maiden) Name _____ Home Phone _____

E-mail _____ Cell Phone: _____

Adult responsible for the teen's religious education: (if address & phone differ from information above)

Name: _____ Phone: _____

Full Mailing Address _____

Has this teen received the sacraments of: Baptism? First Eucharist? Confirmation?

Teen has permission to drive to offsite youth events. Yes No

Please indicate any specific concerns (Academic, Physical etc...) which our Youth Ministry Team should be aware of for your teen:

I give permission for pictures of my teen taken as a part of youth ministry activities to be used in any promotion of parish youth activities including the website.

Signature _____ Date _____

Please return one registration form for each Youth Group Member.

A \$50 membership fee and complete medical form, per teen, is due with registration.

For Office Use Only:

Date Received: _____ Amount Paid: _____ Check #: _____

