



ST. MARY'S YOUTH INFORMATION FORM (2019-2020)

Youth's Name: (Last, First – or name preferred)		Birthdate: MM-DD-YYYY
		- -
Youth's Email for St. Mary's Mailing List:		Youth's Cell Phone:
Parent/Guardian Name: (Last, First)	Circle One:	Phone #
	Mother	Cell:
	Father	Other:
Guardian		
Parent/Guardian Name: (Last, First)	Circle One:	Phone #
	Mother	Cell:
	Father	Other:
Guardian		
Youth's Home Address:	Email Address(es) for St. Mary's Mailing List:	
Street:		
City:		
State:	Zip:	School Attending:
		Grade:
Media Release: Regarding photographs and videos of my youth taken at any St. Mary's Episcopal Church events, I give permission to do the following for nonprofit use and without charge: use at the discretion of St. Mary's Episcopal Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any St. Mary's non-profit publication to accompany when used (for example, in The Annunciation, brochures, emails, etc.), to include quotes, display photographs or videos clips on the St. Mary's Episcopal Church website, on St. Mary's social media pages. Therefore, I agree to indemnify and hold harmless the church, its trustees, rector, associate rectors, vestry, members, and designees from any claims arising out of the use of my youth's photographs and videos. <p style="text-align: right;">Parent/Guardian Initial _____ Date _____</p>		
Medical Information:		
Allergies:	Does your youth take medication for his/her allergies?	

Other Medical Needs: (please circle all that apply) My youth has asthma. My youth wears glasses. My youth wears hearing aids. My youth has dietary restrictions. My youth is diabetic. My youth has mobility restrictions. Other Medical Needs or further explanation of needs listed above: _____ _____ _____ _____		

HELP US GET TO KNOW YOUR YOUTH!

Please share some of your youth's interests and extracurricular activities....

As a parent, how are you interested in being involved with Youth Ministries? (Check all that apply)

<input type="checkbox"/>	Substitute Teaching	<input type="checkbox"/>	Fishing Club
<input type="checkbox"/>	Youth Group Volunteer	<input type="checkbox"/>	PYM Weekend Chaperone
<input type="checkbox"/>	Mission Trip Chaperone	<input type="checkbox"/>	Ski Trip
<input type="checkbox"/>	Cooking Class	<input type="checkbox"/>	Local Outreach Opportunities