



St. Matt's
EDGE[®]
Catholic Middle School Ministry



SMYG
Life

YOUTH MINISTRY REGISTRATION 2017-2018

Grades 6 – 12th

Parish Registration is required for participation in religious education program. Forms can be obtained in the narthex of the church, the parish office or on our webpage.

PLEASE PRINT NEATLY

DATE Registered _____

FAMILY NAME: _____

Cell Phone: _____ **Email:** _____

Mother: _____ Father: _____

Child's last name if different _____

Address: _____ City _____ Zip _____

Home Phone _____ Emergency Contact _____ Phone _____

Please check all that apply: *(are you registering Middle School, High School Student, or BOTH)*

EDGE MIDDLE SCHOOL MINISTRY (grades 6-8th) SMYG LIFE HIGH SCHOOL MINISTRY (grades 9-12th)

Please Check all the Sacraments Received

First Name	Grade	Gender	Baptism	Penance	Eucharist	Confirmation	Birthday
		M - F					
		M - F					
		M - F					

- _____ My child/children were enrolled in YOUTH MINISTRY last year at Saint Matthew
- _____ My children were enrolled last year at _____ Parish.
- _____ My children were not enrolled in religious education classes last year.
- _____ My children attend Saint Matthew School or Bishop Sullivan Catholic High School

REGISTRATION FEES:

<input type="checkbox"/> One Middle School Child \$60.00 <input type="checkbox"/> Middle School Siblings \$90.00	<input type="checkbox"/> One High School Teen \$80.00 <input type="checkbox"/> High School Siblings \$140.00
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**If you are Registering Both a Middle School & High School Student
Youth Ministry Sibling COMBO PRICE: \$125.00**

Office Use Only: Check # _____ Date _____ Amount _____

VOLUNTEERS ARE NEEDED FOR YOUTH MINISTRY

Please indicate if you will consider working with us in one of the following ways:

Middle School and High School Program: Core Team Member, Core Team Assistant, fundraising organizer, or chaperone for retreat / outings.

Core Team Appreciation: organize appreciation potlucks, holiday, and special events for Core Teams Members.

Youth Group & Confirmation Meals: provide meals, snacks, drinks and desserts for Youth Group and Confirmation Events.

MEDICAL INFORMATION (on reverse side)



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Medical Information (please give details below)		
Allergies?	Medication?	Other Physical or Emotional Conditions
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
INSURANCE INFORMATION		
Insurance Company	_____	
Policy Holder's Name	_____	
Policy Number	_____	
Family Physician Name	_____	
Family Physician	_____	

PLEASE READ THIS STATEMENT BELOW AND SIGN IN THE SPACE PROVIDED:

Parent/Guardian:

I, _____, the undersigned give my son/daughter, _____, permission to attend any and all events that would be held at St. Matthew Catholic Church or another location other than St. Matthew's Church in Virginia Beach, VA. By signing this consent form, I also give my child, mentioned above, permission to attend Youth Group at St. Matthew's Church in Virginia Beach, VA throughout that aforementioned time period.

I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel should an emergency occur. I relieve the Youth Minister, chaperones/core members, St. Matthew's Church in Virginia Beach, VA and the Diocese of Richmond, VA of all responsibility and consequences that may arise as a result of this treatment.

My child agrees to abide by all the rules set forth by the Youth Minister, chaperones/core members, St. Matthew's Church in Virginia Beach, VA and the Diocese of Richmond, VA for all events. I understand that neither the Youth Minister, chaperones/core members, St. Matthew's Church in Virginia Beach, VA and the Diocese of Richmond, VA will be held liable if my child fails to cooperate with the said regulations and that any infractions of these rules may result in immediate transportation home. If it is determined that the youth should be sent home, the parent/guardian will assume all expenses for return transportation.

Parent/Guardian's Signature _____ **Date** _____

Youth Signature(s) _____ **Date** _____

Youth Ministry Contact Info:

First Contact: Angel Mislán: Administrative Asst, & Youth Ministry Facilitator
Secondary Contact: Oscar A. Rivera Jr., Director of Religious Education and Youth Ministry
www.saintmatts.net – youthministry@saintmatts.net - 757-420-6310