



Saint Brigid Roman Catholic Church

LIFE TEEN REGISTRATION FORM 2023-24

3400 OLD ALABAMA ROAD, JOHNS CREEK, GA 30022

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LIFE TEEN

Leading Teens Closer to Christ

\$125 Registration Fee

FAMILY NAME: _____ **ENVELOPE #:** _____

Emergency Phone Number: _____ **Relationship to student:** _____

Mailing Address: _____

Street

City

Zip Code

Phone: _____ **Email Address:** _____

REQUIRED- PLEASE UPDATE

Father's Full Name: _____ **Father's Cell:** _____

Mother's Full Name: _____ **Mother's Cell:** _____

STUDENT INFORMATION:

Last

First

Middle

Goes by

Student email: _____ **Student Cell:** _____

Date of Birth: _____ **Male** _____ **Female** _____

2023-24 Grade _____ **School Student Attends in 2023-24** _____

Health Concerns/Allergies/Special Needs: _____

Sacraments Received (Circle if YES): Baptism First Communion Reconciliation Confirmation

POLICY OF THE ARCHDIOCESE OF ATLANTA CONCERNING THE PROTECTION OF CHILDREN (PLEASE READ AND INITIAL):

_____ I hereby grant my approval for my child to attend the Archdiocesan training, which will be presented on Sunday, Oct 15, 2023 during our Life Night in the Life Teen Room (Room 133). **-OR-**

_____ I decline to grant approval for my child to attend the archdiocesan training. Information about this program available at: <http://www.archatl.com/ministries-services/safe-environment/grades-k-12/>

PARENT/GUARDIAN CONSENT:

- ◆ I give permission for my child to attend all Sunday and Wednesday Life Teen activities, including offsite activities promoted by Life Teen.
- ◆ Saint Brigid staff is not responsible for teens that choose to leave an event without permission.
- ◆ I understand that promotional pictures (individual or group) will be taken at Life Teen events. I give permission for my teen's pictures to be used for promotional materials (permission slips, newsletter, webpage, calendars, parish bulletin, social media, etc.) highlighting the event. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.
- ◆ I give permission for the Saint Brigid Youth Ministry staff and adult volunteers to contact my teen via: e-mail, text, social media and/or parish/school-approved online/virtual platforms when it pertains to youth ministry. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology.
- ◆ I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself, my child, and/or other family members may be exposed to or infected by COVID-19.

(BOTH SIDES NEED TO BE COMPLETE AND SIGNED)



Name of Student: _____ Date of Birth: _____

Address: _____

Home phone #: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Signature of Parent / Guardian _____ Date _____

Father/Guardian's full name: _____
Phone #: _____ Cell # _____ Work Phone #: _____
Home address: _____
Place of business/address: _____

Mother/Guardian's full name: _____
Phone #: _____ Cell # _____ Work Phone #: _____
Home address: _____
Place of business/address: _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ **Date** _____