



## REGISTRATION FORM

Teen Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade as of September 2022: \_\_\_\_\_

Member of OLG Parish: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of parish: \_\_\_\_\_

Mother/Guardian Name & Cell No: \_\_\_\_\_

Father/Guardian Name & Cell No: \_\_\_\_\_

Please check if allowed to text teen via Flock note concerning information for meetings.

Yes \_\_\_\_\_ No \_\_\_\_\_

If permitted, list teen Cell No: \_\_\_\_\_

Primary Email to be used for communication about class:

\_\_\_\_\_

Emergency Contact Name & Cell No:

\_\_\_\_\_

Known Allergies, (food, drug, environmental):

\_\_\_\_\_

List any other issues or concerns regarding your teen that you feel we should know.

\_\_\_\_\_

\_\_\_\_\_

**TWO SIDES – PLEASE COMPLETE REVERSE SIDE!!**

Registration Fee: \$25.00 Made payable to Our Lady of Guadalupe (or cash) This covers the cost of the workbook and food/snacks. Classes begin on September 20<sup>th</sup> and will meet every Tuesday evening from 6:00 – 7:30 p.m. in the Frassati Youth Room, which is on the 2<sup>nd</sup> floor of the PLC Building next to the church. There will be some Tuesdays that we will not meeting, but you will be given advance notice.

This is a wonderful opportunity to make awesome friends and be fully accepted and free to learn and ask questions. In the end you will have a full understand of why you are here, that you are loved and perfect, and that God has an amazing plan for you. The crazy mixed up messages the world gives you all day long will now be seen from the perspective of “Truth.” You will experience a newfound freedom in your true identity.

In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child’s well-being. I hereby agree to indemnify and hold harmless Our Lady of Guadalupe Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

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Parent/Guardian Signature

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Date

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Print Name



## ARCHDIOCESE OF PHILADELPHIA

### Consent Form: Posting Pictures/Videos of Minors

**Parish Organization: YOUTH MINISTRY**

**Parish: OUR LADY OF GUADALUPE**

**To protect the privacy of youth, permission must also be obtained, in writing, from the parent or guardian before sharing/posting pictures or videos of minors. (Please check the one which applies.)**

\_\_\_\_\_ I give my permission for my child's picture, with name, to be posted on the parish website, parish social network page and/or church bulletin, associated with this parish organization.

\_\_\_\_\_ I give my permission for my child's picture, without name, to be posted on the parish website, parish social network page and/or church bulletin, associated with this parish organization.

\_\_\_\_\_ I do not give permission for my child's picture to be posted on the parish website, parish social network page and/or church bulletin.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Parent/Guardian - please print

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Parent/Guardian