



5620 Gollihard Rd.
 Corpus Christi, TX
 (361) 993-4126
 yyam@stpiusxcc.org

ST. PIUS X

The LIFE TEEN 2010-2011 Registration Form

We will be communicating by e-mail whenever possible

If this form has been automatically filled in for you, please review the information carefully, then check one:

- All of the information on this form is already correct, and I only need to sign it.
 I am making corrections or additions to this information and then signing it.

Please use the space provided **ON THE BACK** to make corrections or additions.

FULL NAME _____		NICK NAME _____	
ADDRESS _____			
CITY _____	ZIP _____	GENDER _____	BIRTH DATE _____
SCHOOL _____	GRADE _____	GRADUATION DATE _____	T-SHIRT SIZE (Adult) _____
YOUTH'S E-MAIL ADDRESS _____			
HOME PHONE _____		YOUTH'S CELL PHONE _____	
PARENT/GUARDIAN NAME: _____		DAY PHONE _____	EVE PHONE _____

Father's Full Name _____	Father's Cell Phone _____
Address _____	Home Phone _____
Father's Email _____	
Mother's Full Name _____	Mother's Cell Phone _____
Address _____	Home Phone _____
Mother's Email _____	

In the Case of an Emergency, Whom Should We Contact? (If unable to reach a parent/guardian)		
Name _____	Relationship: _____	Contact Number: _____
Name _____	Relationship: _____	Contact Number: _____

Health Information	
Participants' Doctor: _____	Phone Number: _____
Insurance Co. Name: _____	Medical Insurance Id #: _____
Cardholder's Name: _____	Group Number: _____
Special Need – All information will be held in strict confidence.	
Participant's allergies, if any, including medication and foods: _____	
Participant's chronic medical problems (e.g. diabetes, epilepsy): _____	
Participant's other physical restriction (if any): _____	
Other Notes: _____	

CON'T ON BACK

Parish Information

___ Registered Parishioners ___ registered in another Parish _____ not registered in any parish
(Name of Parish)

Sacrament History

	YES	NO	DATE	PLACE
Baptism	___	___	___/___/___	_____
Reconciliation	___	___	___/___/___	_____
Holy Communion	___	___	___/___/___	_____
Confirmation	___	___	___/___/___	_____

NOTE: IF YOU ARE IN NEED OF ANY SACRAMENT, YOU MUST REGISTER THROUGH SISTER BARBARA NETEK, IWBS (993.9024)

I am interested in Parent LIFE Ministry _____				
I would like to minister as a Core Team Member at the LIFE TEEN _____				
I would like to minister to the LIFE TEEN by helping to set up on Sunday afternoon _____				
I would like to donate to the LIFE TEEN Program \$10 ___ \$20 ___ \$30 ___ Other _____				

PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this events, I give permission for my son's/daughter's picture to be used for promotional material (newsletter, web page, calendars, power pint, etc.) in highlighting the event(s).

Name (PLEASE PRINT) _____

(SIGNATURE) _____ (DATE) _____

Life Night Meals

Please indicate your preferences for two months you would like to provide a meal.
We will try our best to accommodate your preference.

1st _____ 2nd _____ No preference _____

Please Make Corrections Here

ADDRESS _____

CITY _____ ZIP _____ SEX _____ DATE OF BIRTH _____

SCHOOL _____ GRADE _____ GRADUATION YEAR _____ T-SHIRT SIZE (Adult) _____

YOUTH'S E-MAIL ADDRESS _____

HOME PHONE _____ YOUTH'S CELL PHONE _____

PARENT/GUARDIAN NAME _____ DAY PHONE _____ EVE PHONE _____

In case of emergency, whom should we contact? (if unable to reach parent/guardian)

Name _____ Relationship: _____ Phone Number: _____

Name _____ Relationship: _____ Phone Number: _____

Health Information

Participants' Doctor: _____ Phone Number: _____

Insurance Co. Name: _____ Medical Insurance Id #: _____

Cardholder's Name: _____ Group Number: _____