

NEW



St. Stephen the Martyr Catholic Church
Life Teen Registration
5373 Wydella Road, Lilburn, GA 30047
Telephone: 770-381-7488, 678-617-0581
Youth Minister: Katy Oubre
E-mail: It@ststephenthemartyr.info

Family Last Name: _____

Emergency Contact Number: _____ Relationship to Student(s): _____

Mailing Address: _____

Phone: _____ E-mail Address: _____

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

*A Legal Guardian may complete this form. Please indicate your relationship to student.

1st Student Name: _____

Student E-mail: _____ Student Cell: _____

Age: _____ Male: _____ Female: _____

Grade: _____ School Student Attends: _____

Health Concerns/Allergies/Special Needs: _____

2nd Student Name: _____

Student E-mail: _____ Student Cell: _____

Age: _____ Male: _____ Female: _____

Grade: _____ School Student Attends: _____

Health Concerns/Allergies/Special Needs: _____

ARCHDIOCESAN VIRTUS CHILDREN'S SAFE ENVIRONMENT TRAINING

As part of an ongoing effort to help create and maintain safe environments for all children and youth, and to protect all of them from sexual abuse, the Archdiocese of Atlanta provides a prevention program, Virtus. This training program is a vehicle through which parents, teachers, catechists, and youth ministers give children and young people the tools they need to protect themselves from those who might have the intention of harming them. We dedicate one Life Night to this training each school year and the date will be advised well in advance. (This material used for this training is available for review upon request in the Religious Education Office.)

_____ I give permission for my children to attend the safe environment training.

_____ I decline to grant my approval for my children to attend the safe environment training; however, I understand that as the primary educator of my children, the Archdiocese of Atlanta requests that I provide such training to my children within the family. _____ Parent/Legal Guardian Initials

(Continue on back)

Medical Release

In the event of a medical emergency, parent of legal guardian gives grants permission to seek medical attention.

_____ Parent/Legal Guardian Initials

If more than two students, please continue below.

Sacraments Received:	Baptism:	First Communion:	Confirmation:
Please circle:	Yes No	Yes No	Yes No

PARENT/LEGAL GUARDIAN CONSENT:

I understand that promotional pictures (individual or group) will be taken at Life Teen events. I give permission for my teens' pictures to be used for promotional materials (newspaper, webpage, calendars, PowerPoint, etc.) highlighting the event.

I give permission for the St. Stephen the Martyr Life Teen staff and adult volunteers to contact my teen via: e-mail, Text, Facebook, Twitter and other forms of social media.

Parent/Legal Guardian Signature: _____ Date _____