



Saint Clare Life Teen Program
2021-2022 Registration Form for Grades 9th- 12th

Teen Name: _____ Age: _____

Address: _____ Birthdate: _____

City: _____ Zip: _____ Tee Shirt Size: _____

Teen Email: _____ Teen Cell: _____

School: _____ Grade: _____

Mother/Guardian Name: _____ Cell Phone: _____

Address (if different): _____ Work Phone: _____

City: _____ Zip: _____

Father/Guardian Name: _____ Cell Phone: _____

Address (if different): _____ Work Phone: _____

City: _____ Zip: _____

Siblings in Life Teen: _____

Emergency Contact
(other than parent/guardian): _____

Cell Phone: _____ Relationship: _____

PARENTAL CONSENT (Signature Required)

- 1. The undersigned does hereby give permission for our (my) child to attend and participate in activities such as XLT, Putt Putt, Movies, Bowling, Service Projects, Service Events etc. sponsored by St. Clare's LIFE TEEN Program.
2. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist.
3. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.
4. We (I) hereby grant permission for non-prescription medication to be given, if deemed appropriate.
5. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise, the undersigned shall assume all transportation costs.
6. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Clare's LIFE TEEN Program.

Mother/Guardian

Date

Father/ Guardian

Date

Please provide the following information and a copy of the teen's insurance card:

Medical/Hospital Insurance Carrier: _____

Name of Policy Holder: _____ Policy/Group Number: _____

Carrier Address: _____ Carrier Phone: _____

Medications you are taking at this time: _____ Date of last tetanus immunization: _____

**Food or Drug Allergies: _____

**Medical Conditions: _____

Is there anything else that we should know? _____

IMPORTANT: Either a physician's prescription or parent note must accompany all medications. Prescription/note should be attached to this form.

TEEN CONTRACT (Signature Required)

I understand that by requesting to go on Life Teen trips, I am promising to cooperate with the Life Teen Core Team and priests. I promise to follow all instructions and rules. I understand that smoking on any trip is not allowed.

I agree that I will not bring or use any alcohol or illegal drugs during any Life Teen event; including, but not limited to, Life Nights, retreats, and service events.

Teen's Signature

Date

Teen Information:

School/Extra Curricular Activities: _____

Hobbies/Interests: _____

Favorite Music Group/Singer: _____

Church Ministries Involved In: _____

Friends here in Life Teen: _____

Is there anything else you would like to share about yourself to help us get to know you better?

