



### Confirmation TEEN INFORMATION

Last Name	First Name	Date of Birth / /
	School	Grade
Street Address	Apt#	Gender (Circle) <b>MALE</b> <b>FEMALE</b>
Teen's Cell	May Receive Group TEXT Messages? <b>Y</b> <b>N</b>	
Teen's Email		
T – Shirt Size (Circle One)      Adult <b>S</b> <b>M</b> <b>L</b> <b>XL</b> <b>2XL</b> <b>3XL</b>		

### FAMILY INFORMATION

Father's Full Name	Cell Phone ( )
Receives TEXT Messages on the number above?	(Circle One) > <b>Y</b> <b>N</b>
Father's Email	
Mother's Full Name	Cell Phone ( )
Receives TEXT Messages on the number above?	(Circle One) > <b>Y</b> <b>N</b>
Mother's Email	

Please sign below to allow your teen to participate in a group texting service to receive information related to Life Teen.

I, \_\_\_\_\_ give permission to receive group messages related St. Rose Life Teen.

### OPTIONAL PARENT MINISTRIES

\_\_\_\_\_ I would occasionally like to help provide snacks & drinks

\_\_\_\_\_ I would occasionally like to help set up & clean up the Life Teen environment

\_\_\_\_\_ I would occasionally like to help chaperone special events





**MEDIA PERMISSION STATEMENT**

*Archdiocese of Galveston-Houston  
 1700 San Jacinto  
 Houston, Texas 77022*

*St. Rose of Lima Catholic Church  
 3600 Brinkman  
 Houston, Texas 77018*

I hereby grant permission to the Office of YOUTH MINISTRY of St. Rose of Lima Catholic Church, to allow my teen (listed on the front of this form), to be photographed/interviewed, or have images of my child posted on the Parish web-site.

It is my understanding that these photographs, interviews, images or portions thereof maybe used for public viewing.

I agree to participate in this project without financial remuneration, and I understand that this releases St. Rose of Lima Catholic Church, and the Archdiocese of Galveston-Houston from any future claims as well as from any liability arising from the use of said photograph/interview/images.

\_\_\_\_\_ / / \_\_\_\_\_

*Parent/Guardian Signature*

*Date*

**SPECIAL CONSIDERATIONS**

Does your teen have any special needs you desire the Teen Director and/or the Core Team to understand?

YES NO If yes, please describe:

\_\_\_\_\_

If the following applies to your teen, please list allergies, chronic illnesses or other conditions:

\_\_\_\_\_

If your teen takes prescribed medications, please list the medications:

**EMERGENCY CONTACT**

NAME	RELATIONSHIP TO TEEN	PHONE ( )
NAME	RELATIONSHIP TO TEEN	PHONE ( )