

OUR LADY OF PERPETUAL HELP PARISH

815 Broadalbin St. SW Albany, OR 97321
541-926-1449



YOUTH MINISTRY – EDGE (MIDDLE SCHOOL) REGISTRATION FORM

Youth Information

Last Name:		
First Name:		Middle Name:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Home Phone:
Address:		Youth Cellphone:
City:	State:	Zip Code:
Grade (Middle School) <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	School Attends:	
Youth Email Address:		
Is youth's family registered in the Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Youth lives with <input type="checkbox"/> Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____		
T-shirt Size (adult sizes) <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> XXL		

Parent/ Legal Guardian Information

Family's Last Name (if different from your child's):		
Home Address:		
City:	State:	Zip Code:
Father's Name:		Cellphone:
Email Address:		
Mother's Name:		Maiden Name:
Email Address:		Cellphone:

Baptismal Information

Date of Baptism:	Church of Baptism:	
Church Address:		
City:	State:	Zip Code:
Check all that apply: <input type="checkbox"/> My youth has not been baptized		
<input type="checkbox"/> My youth has not received First Communion		
<input type="checkbox"/> My youth will attend Edge Middle School Ministry		

Note: Parents will be required to attend two important meetings during the school year. We will contact you with the date and time. Please bring a copy of your youth's Baptismal and First Communion Certificates with you.

Persons Authorized to pick up your youth are:

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

Persons NOT allowed to pick up your youth are:

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

Communication

We will communicate with your youth (and you) by email and text whenever possible to save on postage

Do we have permission to Text your teen? Yes No

Do we have permission to Email your teen? Yes No

Do we have permission to Facebook/ Instagram your teen? Yes No

Photo and Video Release

Permission to publish photos and/or videos of your youth for the purposes stated below

Please INITIAL next to "YES" or "NO" for each of the statements below.

_____ Yes, I authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, retreats/events souvenir photo CD's and other church activities.

_____ No, photographs or videos of my child may not be used for the above stated purposes.

_____ Yes, I authorize the use of photographs and or videos of my child to be posted on OLPH website and Facebook page

_____ No, photographs or videos of my child may not be posted on OLPH website and Facebook page.

I understand that there will be no identifying information (name, age, etc.) included in these publications

Parent/Guardian Signature

Signature _____	Date _____
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