



SAINT VINCENT DE PAUL CATHOLIC CHURCH

8345 TALBERT AVENUE HUNTINGTON BEACH, CA 92646 (714) 842-3000

2018-2019 LIFE TEEN REGISTRATION FORM

Teen's Information (All Items Required)

First Name:		Middle Name:	Last Name:		
Circle one: Male/Female	Date of Birth:	City of Birth	Age:	Grade as of September 2018:	School Attending:
Date of Last Faith Formation class attended:		Teen's Cell Phone:		Teen's E-mail:	
List any allergies, medical conditions, learning or physical disability that we should be aware of:					

Sacrament Information

Catholic Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Baptism:	Church of Baptism:	City/State of Baptism:
First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of First Communion:	Church of First Communion:	City/State of First Communion:
Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Confirmation:	Church of Confirmation:	City/State of Confirmation:

Family Information

Parish Envelope/ID Number: _____ <i>(If not currently registered, please see the front office about becoming a registered parishioner)</i>			Verification _____	INITIALS _____
			(Office Use Only)	
Father's First/Last Name:		Father's Religion:	Father's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Mother's First/Last Name:		Mother's Maiden Name:	Mother's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Are Parents Married in the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not married in the Catholic Church would parents like to be? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who Does Child Live With? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
Home Address:		City:	Zip:	
Home Phone:		Father's Cell:	Mother's Cell:	
Family E-mail (required):		Preferred Contact: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
Emergency Contact Person (Other Than Parent):		Emergency Contact Phone Number:		
Emergency Contact Relationship to Teen:		**In signing below you give us permission to add your family to our e-mail, phone and text distribution list.		

Liability Waiver

Family Physician:	Family Physician Phone:	Insurance Company:	Insurance Group #:
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I, _____, the Parent (Guardian) of _____, hereby give my permission for participation in planned activities. I agree to direct my child(ren) to cooperate and conform to directions and instructions of parish, school or diocesan personnel responsible for all activities.

As a condition of my child(ren) being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation sole, and their officers, employees and volunteers from any and all claims for personal injuries or damages which are caused by the negligence, active or passive, of any of the entities, individuals, names described above.

I agree that in the event of injury as a result of participation in planned activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program or any of its agents, employees or volunteers, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition which would render it inappropriate for participation in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof, I hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.

I hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent/Guardian Signature:

Date: