

**Saint Elizabeth Ann Seton Youth Ministry**  
**591 New Jersey Avenue, Absecon, NJ 08201**  
**Telephone: 641-7043**

**Registration Form for 2006-2007**

NAME OF PARTICIPANT \_\_\_\_\_

NAME OF PARENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip Code

HOME PHONE(S) \_\_\_\_\_

E-mail (if you have your own) \_\_\_\_\_

Parent's/Family's E-mail \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

(Please be sure that this person is aware they are the emergency contact person)

Are there any medical concerns that we should be aware of? If so, please inform: \_\_\_\_\_

Is Participant taking any medication? No \_\_\_ Yes \_\_\_ , please list: \_\_\_\_\_

Are there any food allergies that we should be aware of? If so, please inform: \_\_\_\_\_

Will Participant be driving self to meetings? YES \_\_\_ NO \_\_\_

**Registration Fee is \$15 per family. Parental assist with fundraising and as chaperones, and drivers is needed in order for our program to be a success. We try not to ask too much, but will need you for at least 2 activities this year and possibly to donate snacks now and then.**

Signature of Youth Participant \_\_\_\_\_ Date: \_\_\_\_\_

(My signature above is my consent to abide by any and all diocesan and parish rules as outlined on the back of this form.)

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

My child May or May Not be photographed during Youth Group Activities. \_\_\_\_\_ signature  
(Please circle)

Please remember: For the safety of your child, no one is permitted to hang out in the parking lot before or after a youth group meeting or event. Nor is anyone permitted to walk home after a youth group meeting or event. Those who share rides ( youth drivers) to/ from meetings, need to have this arranged with written parental consent ahead of time.