

Luis Briseno Director of Youth Ministry  
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St. Philip the Apostle  
High School Youth Ministry  
Registration Form

*Please sign and date this form*

*and return it to the Youth Office.*

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ NICKNAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ EXPECTED GRADUATION YEAR \_\_\_\_\_  
T-SHIRT SIZE \_\_\_\_\_ YOUTH EMAIL \_\_\_\_\_  
YOUTH HOME PHONE \_\_\_\_\_ YOUTH CELL PHONE \_\_\_\_\_  
EXTRACURRICULAR ACTIVITIES \_\_\_\_\_  
\_\_\_\_\_

**Mail should be addressed to:** Parents  Mother  Father  Other  (specify) \_\_\_\_\_  
(We will communicate via email whenever possible.)

**FATHER** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**MOTHER** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Registered St. Philip Parishioner  Registered in another Parish  (specify) \_\_\_\_\_ Not registered in any parish

**In case of emergency, whom should we contact if we are unable to reach a parent/guardian?**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Health information and special needs –All information will be held in strict confidence**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Insurance Co. Name \_\_\_\_\_ Medical insurance ID # \_\_\_\_\_  
Cardholders Name \_\_\_\_\_ Group Number \_\_\_\_\_  
Participant allergies, if any, including medications & foods \_\_\_\_\_  
Participant chronic medical problems (e.g. diabetes, epilepsy) \_\_\_\_\_  
Participants other physical restrictions (if any) \_\_\_\_\_  
Other Notes \_\_\_\_\_  
\_\_\_\_\_

(Continued on back)

SACRAMENTS RECEIVED	YES	NO	DATE	PLACE
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Holy Communion	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	_____

NOTE IF YOU ARE IN NEED OF ANY SACRAMENTS PLEASE CONTACT [youth@stphilipcc.com](mailto:youth@stphilipcc.com)

**FIVE PRECEPTS OF THE CATHOLIC CHURCH**

	YES	Sometimes	NO	Not Sure
1. Attend Mass on Sundays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Confess your sins at least once a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Receive Communion at least during the Easter Season.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Keep Holy the Holy Days of Obligation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Observe the prescribed days of fasting and abstinence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PARENT/GUARDIAN DUTIES**

LIFE TEEN/EDGE parents provide meals on Sunday evenings. Please indicate 2 months that are best for us to call on you.

1<sup>st</sup> preference (month) \_\_\_\_\_ 2<sup>nd</sup> preference (month) \_\_\_\_\_ no preference

**WE NEED ADULT VOLUNTEERS!** Please indicate how you can help:

Set-up for Sunday Life Teen nights

LIFE TEEN Core Team

I would like to donate to the Youth Ministry Program \$20  \$30  \$50  other \_\_\_\_\_

**LIABILITY WAIVER**

(To be filled out by Parent/Guardian of youth under 18 years of age. If participant is 18 or older, consent must be signed by individual.)

I agree on behalf of myself, my child's other parent if known or living (Name of Parent) \_\_\_\_\_, my child named herein, our heirs, successors, and assigns, to release and hold harmless and defend the Diocese of Corpus Christi, St. Philip the Apostle Catholic Church (its pastors, youth minister, principal, other agents, etc.) or any representatives associated with any ongoing scheduled activities from all damages, claims, suits, expenses and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from the negligence of the Diocese of Corpus Christi, St. Philip the Apostle Catholic Church, and/or their officers, directors and employees. This liability waiver is effective from date of signature to August 2022.

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that photos and video (individual and group) will be taken during youth group events, and I give permission for my son's/daughter's picture to be used for printed or online promotional materials.

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_