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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

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.

1st preference (month) _____ 2nd 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 _____