



St. John Vianney Catholic Church & School  
 445 82<sup>nd</sup> Ave. · St. Pete Beach, FL 33706  
 727.360.1147 · www.stjohnsparish.org



## Youth Ministry Registration Form

The St. John Vianney Youth Ministry program is arranged in two separate groups:  
**Middle (6<sup>th</sup> thru 8<sup>th</sup>) and High School (9<sup>th</sup> thru 12<sup>th</sup>) grade students**  
 with educational programs as well as social opportunities for our students.

*Information on this form is held in confidence and is not shared without your permission.*

DATE REGISTERING \_\_\_\_\_

**1<sup>st</sup> YOUTH'S FULL NAME:** \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**2<sup>ND</sup> YOUTH'S FULL NAME:** \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

Family's Last Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

**FAMILY EMAIL 1** \_\_\_\_\_ **FAMILY EMAIL 2** \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Materials Fee: \$25 (per family). See instructions on back page.**

I would like to volunteer as a Core Team Member

I would like to volunteer to Youth Ministry by helping to set up or tear down for events

I would like to volunteer to Youth Ministry by being a chaperone

**PLEASE COMPLETE THE ADDITIONAL INFORMATION ON THE BACK**  
**PLEASE SAVE THIS FORM, FILL IT OUT ONLINE AND**

**RETURN TO:** OFFICE OF YOUTH MINISTRY (Located in the Parish Office)

**OR:** Email to: [youthministrysju@gmail.com](mailto:youthministrysju@gmail.com)  
 445 82<sup>nd</sup> Avenue  
 St. Pete Beach, FL 33706

For more information email: Lisa DiVito, Director of Youth Ministry (see above)



# MEDICAL AND PHOTO RELEASE

**\*Confidential Information\***

Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?    Yes        No

Name of Child \_\_\_\_\_ Special Need \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does this child take any medications? YES        No        List: \_\_\_\_\_

Has your child/children been baptized in the Catholic Church? Yes        No

Would you like to discuss baptism and/or sacrament preparation for your child/children? Yes        No

Are you a registered parishioner of St. John Vianney? YES        No

## PHOTO RELEASE STATEMENT

I hereby **grant permission** for my child to be photographed and/or videotaped during Youth Ministry Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further **grant permission** for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Youth Ministry programs at St. John Viannney.

Name (PLEASE PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**—OR—**

I hereby **decline** to grant permission for my child to be photographed and/or videotaped during EDGE activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify EDGE coordinators and/or Core Team Members that he/she may not be photographed and or videotaped under any circumstances.

Name (PLEASE PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

Make payment: WeShare (Electronic check/credit/debit): [stjohnsparish.weshareonline.org](http://stjohnsparish.weshareonline.org)  
**-or-** mail/drop a check or cash at the office,  
St. John Vianney Catholic Church  
ATTN: Lisa DiVito, Director of Youth Ministry  
445 82<sup>nd</sup> Ave.  
St. Pete Beach, FL 33705