

Saint Mark the Evangelist Information Form

<input style="width: 80px;" type="text"/> ID #			
Name			
<input style="width: 95%;" type="text"/> First	<input style="width: 95%;" type="text"/> Middle	<input style="width: 95%;" type="text"/> Last	<input style="width: 95%;" type="text"/> Nick-Name
<input style="width: 95%;" type="text"/> Date of Birth			
Home Address			
<input style="width: 95%;" type="text"/> Street		<input style="width: 20%;" type="text"/> City	<input style="width: 10%;" type="text"/> State
<input style="width: 95%;" type="text"/> Zipcode			
Phone Numbers		School Information	
<input style="width: 20%;" type="text"/> Home Phone	<input style="width: 20%;" type="text"/> Cell Phone	<input style="width: 40%;" type="text"/> Name	<input style="width: 10%;" type="text"/> Grade
			<input style="width: 20%;" type="text"/> Graduation Year
<input style="width: 95%;" type="text"/> E-Mail Address			Safe Env Training Date
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
Sacraments Received:			
Baptized <input type="checkbox"/>	1st Reconciliation <input type="checkbox"/>	1st Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
Fathers Name			
<input style="width: 45%;" type="text"/> First	<input style="width: 45%;" type="text"/> Last	<input style="width: 80%;" type="text"/> ID #	
Phone Numbers			
<input style="width: 25%;" type="text"/> Home Phone	<input style="width: 25%;" type="text"/> Cell Phone	<input style="width: 50%;" type="text"/> Work Phone	
<input style="width: 95%;" type="text"/> E-Mail Address			
Mothers Name			
<input style="width: 45%;" type="text"/> First	<input style="width: 45%;" type="text"/> Last	<input style="width: 80%;" type="text"/> ID #	
Phone Numbers			
<input style="width: 25%;" type="text"/> Home Phone	<input style="width: 25%;" type="text"/> Cell Phone	<input style="width: 50%;" type="text"/> Work Phone	
<input style="width: 95%;" type="text"/> E-Mail Address			
Interest Survey			
<input type="checkbox"/> Bible-Study	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Photography	<input type="checkbox"/> Chaperone
<input type="checkbox"/> Bowling	<input type="checkbox"/> Basketball	<input type="checkbox"/> Videography	<input type="checkbox"/> Faith Formation
<input type="checkbox"/> Outdoor-Games	<input type="checkbox"/> Movies	<input type="checkbox"/> Video-Games	<input type="checkbox"/> Bus Driver
<input type="checkbox"/> Whirley-Ball	<input type="checkbox"/> Service-Work	<input type="checkbox"/> Table-Games	
<input type="checkbox"/> Laser-Tag	<input type="checkbox"/> VBS-Volunteer	<input type="checkbox"/> Indoor-Gym	
<input type="checkbox"/> Mission-Trips	<input type="checkbox"/> Technology	<input type="checkbox"/> Alter-Serving	
<input type="checkbox"/> Music-Instraments	<input type="checkbox"/> Pizza-nights	<input type="checkbox"/> Lectoring	
<input type="checkbox"/> Music-Choir	<input type="checkbox"/> Icecream-Socials	<input type="checkbox"/> Ushering	
<input type="checkbox"/> Softball	<input type="checkbox"/> Arts-Crafts	<input type="checkbox"/> Communion-Minister	
<input type="checkbox"/> Football	<input type="checkbox"/> Progressive-Dinners	<input type="checkbox"/> Youth-Counsel	
<input type="checkbox"/> Soccer	<input type="checkbox"/> Skits	<input type="checkbox"/> Retreat-Team	

Medical and Permission Form

I give permission for _____ to participate in **All St. Mark Youth Ministry** related events for a calendar year.

Medical Form

Emergency contact, other than parent; Name _____

Home Phone: _____ Daytime Phone: _____

Please fill out the information below:

Insurance Carrier: _____ Policy Number: _____

Insurance Company Address: _____

Insurance ID Number: _____ Social Security #: _____

Allergic reactions (medications, foods, plants)

Medications Currently Taking _____

I grant permission for the following non-prescription medications to be given to my youth:

Tylenol Aspirin Antacid Annhist Other _____

I understand that as parent/guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I will hold harmless any Dallas Diocesan Parish employee and/or volunteer from any and all claims for illness, or injury arising from, or in any way connected with my son/daughter attending this event.

I agree to allow a photo, of my child, to be taken for administrative or promotional purposes, by the Youth Ministry staff of Saint Mark the Evangelist Parish. It is my understanding that this photo is to be used for inner-departmental use and is NOT to be released to any outside agency.

Parent or Guardian Signature

Date _____