

# OAKLEIGH PARISHES YOUTH MINISTRY

## REGISTRATION FORM

**OAKLEIGH PARISHES YOUTH MINISTRY** EXISTS TO EQUIP AND ENCOURAGE THE YOUTH FROM THE OAKLEIGH AREA BY LIVING THE FAITH, FOSTERING COMMUNITY AND STAYING TRUE TO OUR MOTTO, THAT WE HAVE BEEN CHOSEN TO BE SAINTS. OUR PARISH YOUTH MINISTRY ARE WELCOMING ALL YOUTH (18-35 YEARS OLD) TO JOIN THE MEET UP ON THE LAST FRIDAY EVERY MONTH FROM 6.30PM TO 8.00PM TO SHARE THEIR FAITH WITH VARIOUS ACTIVITIES WHILST FORMING A STRONG FRIENDSHIP. WE BELIEVE THAT THE YOUTH ARE OUR PARISH FUTURE LEADERS IN THE CATHOLIC CHURCH, ESPECIALLY AT THE OAKLEIGH PARISHES. OUR OAKLEIGH PARISH PASTORAL AND ADMINISTRATION TEAMS WILL COLLABORATE AND GIVE SUPPORT TO THE YOUTH MINISTRY IN ENABLING THEM TO EXPLORE AND DEVELOP THEIR PERSONAL RELATIONSHIP WITH JESUS CHRIST.

### FIRST MEMBER INFORMATION

(Please complete a separate section for each person)

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact detail:

Person name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Information (I.e. Allergies, dietary requirements/restrictions, health limitations – Please specify and /or attach a separate sheet if necessary)

### SECOND MEMBER INFORMATION

(Please complete an additional form if more than 2 person in the family)

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact detail:

Person name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Information (I.e. Allergies, dietary requirements/restrictions, health limitations – Please specify and /or attach a separate sheet if necessary):

**YOUTH TEAM CHOICES (Please tick as many of the boxes below to express your Interest)**

- 1. Leadership Team
- 2. Liturgical Team 
  - Choir                       Reader                       Altar Server
  - Children Liturgy/Catechism Class
- 3. Entertainment Team
- 4. Spiritual Renewal Team
- 5. Other  Please specify: \_\_\_\_\_  
Suggestion: \_\_\_\_\_

**MEMBERSHIP AND PARTICIPATION**

I \_\_\_\_\_ and \_\_\_\_\_ consent to participating in any events, activities, and programs of the youth group. The Participant (s) recognises the importance of the commitment of the participant to the youth group, and that their involvement as a part of the larger community calls for responsible and respectful behaviour. Thus, the Participant(s) agrees that if the participant(s) is to engage in behaviour which, in the judgement of the youth leaders in the youth group, is not in the best interest and safety of others, the participant may, therefore, be sent home. I, the participant(s) of the name(s) printed above will assume full legal and financial responsibilities for any damage caused by the participant(s).

Name: \_\_\_\_\_

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

**IMAGE AND VIDEO RELEASE**

Yes, I give permission for \_\_\_\_\_ and \_\_\_\_\_ to be photographed or filmed. I also grant the youth group and the Oakleigh Parishes Office permission to use photographs, videos, and any other media in any and all of its publications.

No, I do not give permission for \_\_\_\_\_ and \_\_\_\_\_ to be photographed, filmed, printed, or published in any media or publications of the youth group and the Oakleigh Parishes website.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Upon completion, please submit the Youth Registration Form to the Oakleigh Parishes Office between business hours.