

**ST. RITA CATHOLIC CHURCH
YOUTH MINISTRY REGISTRATION 2025-2026**

The St. Rita Youth Ministry seeks to walk with middle and high schoolers in their faith to prepare them to be disciples for the world through formation and friendship with one another and ultimately, with Christ.

FAMILY INFORMATION

Family's Last Name: _____ Primary Phone: _____
Street Address: _____
City/State: _____ Zip: _____
Primary Email: _____
Registered at St. Rita: ☐ Yes ☐ No Parish where registered if not St. Rita: _____
Language(s) spoken at home: _____

PARENT/GUARDIAN INFORMATION

Primary Contact ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both Parents/Guardians

Parent/Guardian #1

Parent/Guardian #1 Name (First and Last): _____
Relationship to Child: _____ Religion: _____
Marital Status: ☐ Catholic Marriage ☐ Civil Marriage ☐ Single ☐ Separated ☐ Divorced ☐ Widowed
Does Parent/Guardian #1 Live at the Family Street Address? ☐ Yes ☐ No
Cell/ Work Phone: _____ Email: _____

Parent/Guardian #2

Parent/Guardian #1 Name (First and Last): _____
Relationship to Child: _____ Religion: _____
Marital Status: Catholic Marriage ☐ Civil Marriage ☐ Single ☐ Separated ☐ Divorced ☐ Widowed Does
Parent/Guardian #2 Live at the Family Street Address? ☐ Yes ☐ No
Cell/ Work Phone: _____ Email: _____

EMERGENCY AND RELEASE INFORMATION

Name of Emergency Contact: _____
Emergency Contact Phone Number: _____ Relationship to Child(ren): _____
Should the need arise, I give permission for my child(ren) to receive emergency medical care while participating in Parish Youth Ministry programs. ☐ Yes ☐ No

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE

I authorize the Catholic Diocese of Arlington, its parishes and/or schools to use and publish the photographs and/or motion picture or video for which my child(ren) posed, and/or any voice recordings. I agree that the Catholic Diocese of Arlington, its parishes and/or schools may use such photographs of my child(ren) with or without his/her name for any lawful purpose, including, for example, publicity, illustrations, bulletins, news and web content.

☐ Yes, without or without name ☐ Yes, without name only ☐ No ☐ Other: _____

SAFE ENVIRONMENT TRAINING

The parish offers safe environment/chastity training each year in accord with the Catholic Diocese of Arlington. ☐ I DO ☐ I DO NOT consent to my child(ren) participating.

YOUTH PARTICIPANT(S) INFORMATION

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

This child has received: ☐ Baptism Year/ Church: _____

☐ First Penance Year/Church: _____

☐ First Holy Communion Year/Church: _____

☐ Confirmation Year/Church: _____

Grade in Fall 2025: _____ Name of School: _____

Please list any special learning/medical needs for this child: _____

Please list any allergies for this child: _____

Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

This child has received: ☐ Baptism Year/ Church: _____

☐ First Penance Year/Church: _____

☐ First Holy Communion Year/Church: _____

☐ Confirmation Year/Church: _____

Grade in Fall 2025: _____ Name of School: _____

Please list any special learning/medical needs for this child: _____

Please list any allergies for this child: _____

Parent/Guardian Signature Date