

**ST. RITA CATHOLIC CHURCH
YOUTH MINISTRY REGISTRATION 2026-2027**

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 2026: _____ 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 2026: _____ Name of School: _____

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

Please list any allergies for this child: _____

Parent/Guardian Signature Date