



Church of the Holy Family
LifeTeen/Christian Formation (Grades 9-12)
Registration

Youth Information

First Name: _____ Last Name: _____

Gender: _____ Grade: _____ School: _____

Cell#: _____ Date of Birth(MM/DD/YY): _____

Sacraments Received: Baptism Communion Confirmation

My teen has special needs: yes/no If yes, how can we be of assistance?

Parent/Guardian Information

Father: (first) _____ (last) _____

Mother: (first) _____ (last) _____

Address (street/city/zip): _____

Home Phone Number: _____

Cell Phone: Mother _____ Father _____

**Email Address (required): _____

Do both parents' reside in the home? __yes /no__ If NO, child resides with: _____

Best Way to get in touch: Call Email

___ I am signing my teen up for H.S. Christian Formation (LifeTeen) grade 9-12

___ I am signing my teen up for Confirmation Prep Sessions (additional \$50) *
 (*Teens registered for confirmation prep **must also be signed up for LifeTeen** ||
please complete the confirmation application)

High School/CF Formation Fees

Regular Registration

Before September 3 \$35

Late Registration

After September 3 \$50

Make checks payable to:
 Holy Family w/ Memo *LifeTeen*
and/or Confirmation

No one is turned away from not
 being able to pay tuition fees. If this

Medical Information and Release Form

All information is kept private and confidential

MEDICAL INFORMATION	
<p>Is the participant allergic to anything?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):</p>
<p>Is the participant currently taking or has taken any prescription medication in the last 6 months?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.</p>
<p>Does the participant have any emotional, physical or sensory conditions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.</p> <p>List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).</p>

RELEASE OF LIABILITY AND MEDICAL RELEASE	
<p><i>As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Church of the Holy Family the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.</i></p> <p><i>I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold Church of the Holy Family and the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.</i></p> <p>Parent/Guardian Signature: _____ Date: _____</p>	

USE OF PICTURES AND/OR VIDEO	
<p><i>I give permission for pictures and/or video of my child (named above) engaged in activities related to Church of the Holy Family or Diocesan event to have their pictures posted in Church of the Holy Family the Diocese of Richmond publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If no box is checked below, Church of the Holy Family the Diocese of Richmond assumes you give permission.</i></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	

Youth Code of Behavior

LifeTeen provides an environment for young Catholics to learn, grow, and understand more about their Catholic Faith by growing in their relationship with Jesus Christ. In order to carry out this mission, we ask each youth and parent to read, sign, and follow the Code of Behavior.

- I will represent the Catholic Christian community through my language, dress and behavior.
- I agree to respect the rights and property of others.
- I agree to respect LifeTeen Core Team leaders
- I will participate in all planned activities and small group sessions.
- I will not use my cell phone during LifeTeen unless instructed by leaders and understand that if I use my phone without permission it will be taken away until the end of the night.
- I will not possess any alcohol, non-prescription drugs, fireworks, weapons or knives.
- I will not leave the church grounds without adult supervision.
- I will build new relationships with my small group members, peers, and core team members.
- I will refrain from inappropriate touching and verbal harassment.
- I will not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation, or isolation).
- Be safe. No horseplay or other potentially harmful actions.
- I will help keep the church and classrooms clean and pick up any trash if I see it, even if it is not my own.

YOUTH

I have read, understand and agree to follow the Code of Behavior outlined above. I will also encourage other group members to live by these rules.

(Teen- Print name) _____

(Teen Signature) _____ Date _____

Parents

-I have read, understand and agree to the Code of Behavior for my son/daughter.

-I will actively participate within the life of the Church (attend Sunday Mass weekly, attend Holy Days of obligation Mass, pray and encourage my family to pray, learn more about my Catholic faith)

-I will stress the importance of making and attending Mass a priority over other scheduled activities.

(Print name) _____

(Signature) _____ Date _____

HOLY FAMILY LIFE TEEN



Christian Formation/LifeTeen || 2018-2019

Sunday Nights: 7-8:30pm

Sept 9	Parent Meeting @ 7pm	Jan 17/18	March for Life Pilgrimage
Sept 16	LifeTeen	Jan 20	No LifeTeen
Sept 23	LifeTeen	Jan 27	LifeTeen
Sept 30	LifeTeen / Confirmation Parent Teen Meeting 12:15pm	Feb 3	Confirmation Session 4/ No LifeTeen
Oct 6	Youth Day @ Busch Gardens	Feb 10	No LifeTeen --- <i>DYC Weekend</i>
Oct 7	LifeTeen	Feb 17	LifeTeen
Oct 14	LifeTeen	Feb 24	No LifeTeen—Winter Watch
Oct 21	Confirmation Session 1/ No LifeTeen	Mar 3	LifeTeen
Oct 28	LifeTeen	Mar 10	LifeTeen
Nov 4	LifeTeen	Mar 17	LifeTeen
Nov 11	LifeTeen	Mar 24	LifeTeen
Nov 18	Confirmation Session 2/ No LifeTeen	Mar 31	LifeTeen Regional Event
Nov 25	No LifeTeen (Thanksgiving Break)	Apr 7	LifeTeen
Dec 2	LifeTeen	Apr 14	No LifeTeen- Spring Break-Palm Sunday
Dec 9	LifeTeen	Apr 21	No LifeTeen—Easter
Dec 16	Confirmation Retreat/ No LifeTeen	Apr 28	LifeTeen
Dec 23	No LT (Christmas)	May 5	LifeTeen
Dec 30	No LifeTeen	May 12	No LifeTeen—Mother's Day
Jan 6	LifeTeen	May 19	LifeTeen
Jan 13	Confirmation Session 3/ No LifeTeen	May 26	No LifeTeen—Memorial Day
		Feb 23 & 24	[High School Winter Watch Nights]