



We Believe - We Belong

OUR LADY OF GRACE  
2011-2012 REGISTRATION FORM  
YOUTH MINISTRY, GRADES 9-12

## WELCOME!

Thank you for your interest in *Youth Ministry* at Our Lady of Grace Church! *Youth Ministry at OLG is guided by our mission to live our faith grounded in Jesus Christ by growing in our personal faith life through prayer and continuing Catholic faith formation for people of all ages and by encouraging youth and young adults to participate in the mission and ministries of OLG.*

## INFORMATION

We gather weekly on Sunday mornings from 10:30 a.m. – 12:00 noon, beginning in September. The schedule will be available in August. Activities include: Bible study, Catholic trivia, youth rallies, retreats, movies, game nights, community service, guest speakers, teen Masses, etc. Off-site events will require permission slips and may require a fee.

Students do not need to be confirmed to participate in Youth Ministry. High School students interested in Baptism, Eucharist or Confirmation participate in additional gatherings (participation in Youth Ministry gatherings required!) Please contact Robyn Lang at [olgrec@sbcglobl.net](mailto:olgrec@sbcglobl.net) or (510) 582-9266 for more information.

**The fee for 2010-2011 is \$50** to cover the cost of supplies. Retreats are additional. Payment plans available.

*No one turned away for lack of funds. Please see Mrs. Lang with any questions.*

Once again, welcome! We look forward to seeing you soon!

## Your Youth Ministry Team

Robyn Lang, Angie Pascarella, Debbie DeFreitas, Roberta Santiago,  
Dave Swanson, Nels Gonsalves, Matt Lindberg, Cody Kulka, Sarah Lang

**\*\*Please complete, sign, and return the attached form to the Faith Formation Center before you attend the next youth group meeting.\*\***

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STUDENT

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Gender (circle one): male female

Email: \_\_\_\_\_ How often do you check this? Daily Weekly Other

Date of birth: \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

Grade in 2011-2012: \_\_\_\_\_

Years of Religious Education (including Youth Ministry) \_\_\_\_\_ Last grade attended \_\_\_\_\_

Is your family registered at Our Lady of Grace? Y N

(If you attend OLG and are not registered, please do so as soon as possible.)

Not a member of OLG? Name of parish \_\_\_\_\_

FAMILY (PARENTS/GUARDIANS)

1<sup>st</sup>

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_ Religion: \_\_\_\_\_

2<sup>nd</sup>

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_ Religion: \_\_\_\_\_

Information and materials for parents/guardians should be in: (circle one) English Spanish

SACRAMENTS RECEIVED (circle please)

Baptism - Church \_\_\_\_\_ Eucharist - Church \_\_\_\_\_ Confirmation - Church \_\_\_\_\_

*Continued on back*

For Office Use Only	Cash #
Form Received: _____ Amt Pd _____	Check # _____ Entered _____

**Our Lady of Grace Religious Education  
Emergency Information**

**MUST BE COMPLETED BY PARENT OR GUARDIAN**

I, the parent/guardian of \_\_\_\_\_, give my permission for his/her participation in any and all Religious Education/Youth Ministry activities. I agree to direct my child to cooperate and conform with directions and instructions of Religious Education/Youth Ministry personnel responsible for said activities.

I agree that in the event that my child is injured as a result of his/her participation in Religious Education/Youth Ministry activities, including transportation to and from these activities, whether or not caused by the negligence of the parish Religious Education/Youth Ministry program, any of its agents and employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Does your child have or is s/he subject to (check if yes):

\_\_\_\_\_ Asthma                      \_\_\_\_\_ Fainting Spell                      \_\_\_\_\_ Allergies  
\_\_\_\_\_ Heart Trouble                      \_\_\_\_\_ Menstrual Problems                      \_\_\_\_\_ Diabetes  
\_\_\_\_\_ Visual Difficulties                      \_\_\_\_\_ Digestion Difficulties                      \_\_\_\_\_ Ear, Nose and Throat Problems  
\_\_\_\_\_ Sports Restrictions (if yes, explain)

\_\_\_\_\_ Other (please specify)

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

If you do not want medical care given to your children, state reason:

**Relative or friend (other than parent)** authorized to pick up child in the event of an emergency: