

2011-2012
JUNIOR YOUTH MINISTRY
GRADES 6 - 8

SAINT THOMAS MORE UNIVERSITY PARISH
& Catholic Student Center
1200 Oakland Avenue
Indiana, Pennsylvania 15701

Office Use Only

Amt. Pd. \$ _____

Check # _____

Cash _____

No. of Children in
Family _____

PDS _____

Name _____ Age _____ Date of Birth _____

Grade 2011-2012 School Year _____ School _____

Home phone# _____ Youth Cell phone# _____ (okay to text?) Yes No

Youth E-Mail address _____ (please print clearly)

Parent(s) Name(s) _____

Address _____

Parent(s)' E-Mail address _____ (please print clearly)

Is your family currently registered at STMUP? _____ If not, where? _____

Parent/s phone numbers Home# _____

Cell # _____ Cell # _____ (okay to text? Yes No)

Youth: What are the best ways to contact you? (Please check any you prefer.)

E-mail _____ Text _____ Regular postal mail _____ Home Phone _____

Celebrating the Sacraments:

Were you baptized? _____

Did you receive First Reconciliation? _____

Did you receive First Communion? _____

Were you confirmed? _____

The Registration Fee is \$20.00 per youth or total of \$50.00 per Family.

ALL REGISTRATION FORMS MUST BE RETURNED TO THE PARISH OFFICE
BY SUNDAY, AUGUST 28, 2011.

Scholarship monies available to cover these fees if needed; please contact Mary Beth Palko for more information.

PARENTS: Please make checks payable to Saint Thomas More University Parish.

PHOTOGRAPHIC RELEASE LETTER

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Signature of Parent/Guardian / Participant

Signature of Subject of Photograph

Name and Address (please print)

I hereby certify that I am the *[parent and/or guardian]* of _____, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.