

MODEL RELEASE STATEMENT

___ I hereby grant permission for my child to be photographed and/or videotaped during LIFE TEEN activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

___ I further grant permission for the resulting photographs to be posted on the Youth Ministry's website and/or videotaped footage shown for the purpose of promoting the LIFE TEEN program at Saint Ambrose and Saint Mary's parishes.

Teen's Name (PLEASE PRINT) _____

(TEEN SIGNATURE) _____ (DATE) _____

(PARENT SIGNATURE) _____ (DATE) _____

Medical Information

Please list any special needs your child has that we should be aware of: _____

Describe any allergy, chronic illness or other conditions: _____

Does this teen take any medications on a regular basis? NO ___ YES ___

Please list _____

Emergency Contact, other than parent _____ Phone: _____

This section is to be completed by the teen.

It will be used to get better acquainted with you and the needs of our program.

List school/community activities or organizations you are involved in: _____

Musical talents: _____

Other Personal Talents/Gifts: (art, photography, praying for others, actor, giving advice, writing, computer skills, etc.) _____

Sports you play: _____

Hobbies: _____

What is your favorite: Sport _____ Movie _____ TV Show _____

Musical Group _____ Food _____ Prayer _____

Subject _____ Other _____

What do you enjoy doing most in your free time? _____

Please check the liturgical roles you currently serve. Please circle the roles you are interested in serving.

___ Server ___ Reader ___ Cantor ___ Musician ___ Usher/Greeter

Please bring completed form to the ROC Parent & Teen Session on Sunday, September 19th at 11 a.m. at St. Ambrose. If you are unable to attend feel free to bring your completed form to the Youth Ministry Kick-Off on September 26th at 1:30pm at Alberts, 6214 Madison Avenue.