

**St. Mark the Evangelist
Catholic Church**

1602 Thousand Oak Drive, San Antonio, TX 78232

**Please Print Clearly
2011-2012 Registration Form**



**2011-2012 EDGE
Creed of the Catholic Church**

Shane Hamilton
MS Youth Minister
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Middle School Youth Information		
Student Name:		
Email:		
Cell Phone:		
2011-12 Grade:		
School:		
Birthday:	/	/
SACRAMENTS	Circle One	
Baptism:	Yes	No
Reconciliation:	Yes	No
First Eucharist:	Yes	No
Confirmation:	Yes	No

Registration Fee \$75.00	
<i>Choose Your Session</i>	
<input type="checkbox"/>	Sundays 3:30-4:45PM (18 Sessions) (Faith Formation)
<input type="checkbox"/>	Mondays 6:30-8:00PM (25 Sessions) (Faith Formation, Issue Nights, Social Nights)

Parent #1 Information		
Name:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email:		
CAN YOU HELP?	Circle One	
Small Group Leader	Yes	No
Substitute Leader	Yes	No
Social Team	Yes	No
Music Ministry	Yes	No
Office Help	Yes	No

Parent #2 Information		
Name:		
Address:		
City, St, Zip:		
Home Phone:		
Cell Phone:		
Work Phone:		
Email:		
CAN YOU HELP?	Circle One	
Small Group Leader	Yes	No
Substitute Leader	Yes	No
Social Team	Yes	No
Music Ministry	Yes	No
Office Help	Yes	No

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment the physician has deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by St. Mark the Evangelist, through its accident policy, will be used as a secondary coverage. I understand all reasonable safety precautions will be taken at all times by St. Mark's staff and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Mark the Evangelist, the Archdiocese of San Antonio, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Name of Insurance Company: _____

Insurance Company Phone Number: _____

Policy Number: _____ Group Number (if any): _____

Name of Policy Holder: _____

Name of Family Doctor : _____

Family Doctor Phone Number: _____

Please list any food allergies or medical issues affecting participation: _____

Parent/Guardian Signature _____ **Date** _____

I also understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio reproduction in which my child may appear by St. Mark the Evangelist. I understand that these materials are being used for the promotion of St. Mark the Evangelist that includes volunteer recruitment, Internet, and fund raising efforts.

Parent/Guardian Signature _____ **Date** _____

ADDITIONAL COMMENTS: