

**Star of the Sea Catholic Church
High School Christian Formation
LIFE TEEN Grades 9-12
Sunday 7:00 – 8:30pm**



Student Name: _____ Student Cell Phone: _____

Student Email: _____ Grade (2017-2018): _____ School: _____

Father's name: _____ Religion: _____

Father's email: _____ Father's cell phone: _____

Mother's name: _____ Religion: _____

Mother's email: _____ Mother's cell phone: _____

Communication Preference (email/phone/text) Mother: ___ Father: ___ Both: ___

Do both parents reside in the home: **yes** or **no** If no, teen resides with _____


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

Post Confirmation teens (all of whom should attend Life Teen) are also eligible to apply for leadership positions. Are you interested? yes or no

Parents, we need your help during the year.

_____ Door Monitor	_____ Retreat chaperone
_____ Social night food	_____ Special event/chaperone
_____ Weekly snack/drinks	_____ Door Monitor

Are you VIRTUS trained: **yes** or **no**
If you are 18 or older, you must participate in VIRTUS training and background check

Please be advised that  Flocknote will be used for email and text communication to parents/guardians as well as students. You will receive a text message indicating that you have been added to the system. Parents and teens, if you would like to add your contact information yourself, please text SOSCF to 84576.

 If you are also requesting the sacrament of Confirmation, please indicate that and also fill out the Sacrament Request Form for Teen Confirmation (must be in 10th or above).

Christian Formation Fee - \$50 per family.

Which Mass do you usually attend: 5pm 8am 10am 12pm

Are you a registered parishioner? **yes** or **no** (Registration Forms are available on the parish website)

Please join our Facebook group: Star of the Sea Life Teen / HS Youth Group

Star of the Sea Catholic Church

High School Release Form

Parish: Star of the Sea Church Phone: 757-428-8547
Address: 1404 Pacific Ave, Virginia Beach, VA 23451
Type of Event: see information for each event to be given out separately
Destination: see information for each event to be given out separately
Individual in Charge: Nancy Liette/Life Teen Leadership Team/Adult Volunteer Catechists
Transportation: see information for each event to be given out separately
Dates of Trip: see information for each event to be given out separately

Child's Name _____ Date of Birth: _____ Gender _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact Name (other than parents) _____

Contact Number _____ Relationship to Child _____

Does your child have allergies? Yes or No

Details:

Is your child taking any medications? Yes or No

Details:

Is there any other physical or emotional condition of which we need to be aware: Yes or No

Please explain:

As parent/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 the Catholic Diocese of Richmond, Star of the Sea Church, their employees and agents, chaperons, or representatives associated with the 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 and/or Star of the Sea, their 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 and/or Star of the Sea Church

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 case 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 the Diocese of Richmond and/or Star of the Sea Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

I give permission for pictures and/or video of my child (named above) engaged in activities related to Star of the Sea Church to have their pictures posted in publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If neither box is checked below, Star of the Sea assumes you give permission

____ Yes ____ No

Parent/Guardian Signature: _____ Date: _____

Youth Code of Behavior

The purpose of Life Teen is to provide 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 to read, sign and follow the Code of Behavior.

- I will make every effort to attend Mass weekly.
- 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 Life Teen Core Team leaders
- I will participate in all planned activities and small group sessions.
- I will not use my cell phone during Life Teen 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).
- I will 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, understood and agree to follow the Code of Behavior outlined above. I will also encourage other group members to live by these rules.

Print Name: _____

Signature: _____ Date _____

PARENTS

- I have read, understood 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 Masses, 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 _____