



# REGISTRATION 2017-2018

## GRADES 9-12

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Contact Ms Terri Nido, Tel: (253) 922-7882 or [faith@stmartinoftoursfife.com](mailto:faith@stmartinoftoursfife.com)

Sacraments received: *(check all that apply)*

- Baptism
- Reconciliation
- Eucharist
- Confirmation

Involvement in Parish Ministries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your family registered at St. Martin of Tours Parish? *(circle one)*      **Yes**      **No**      **Not Sure**

Parent Name: \_\_\_\_\_

Phone: *(if different from above)* \_\_\_\_\_

Parent Email/s: \_\_\_\_\_

### PARENT VOLUNTEER INFORMATION

We need your help to make this program a success. Please choose at least one area you can commit to this year.

- |   |   |
|---|---|
| <input type="checkbox"/> Base Camp Team (assist with Wednesday evening gatherings)            | <input type="checkbox"/> Assist with Service Projects                                       |
| <input type="checkbox"/> Shopper (Gather/buy needed items for events-food, craft, etc.)       | <input type="checkbox"/> Driver (Assist with transportation to/from event)                  |
| <input type="checkbox"/> Retreat or Convention Team (Assist on an all-day or overnight event) | <input type="checkbox"/> Chaperone for special event (Movie/Game Night, service work, etc.) |
| <input type="checkbox"/> Snack Coordinator (serve snacks and clean up)                        | <input type="checkbox"/> Other (e.g. phone calling, music, office)<br>Describe: _____       |

Have you have Safe Environment Training? *(circle one)*      **Yes**      **No**      **Not Sure**