



Assumption Youth Ministry

Assumption of the Blessed Virgin Mary Church
20 Chestnut St., Centereach, NY 11720

Registration Form

Teen Name _____ Family Name _____
(Last) (First) (Only If Different)

Address _____ DOB _____

Home Phone _____ Teen's CellPhone _____

Email _____ School _____ Grade _____

Father's Full Name _____ Cell Phone _____

Mother's Full Name _____ Cell Phone _____

Parents/Guardian Email _____

Emergency Contact: Name _____ Phone _____

In which liturgical ministry would you like to serve: (check all that apply)

Choir **Lector** **Eucharistic Minister** **Usher**

(Music Rehearsal is on Wednesday at 6:00-7:00pm)

If there is a learning disability, please specify _____

Medical condition and/or Allergies _____

AYM takes photographs of teens at "all events", including liturgies, lock-in and retreat for use in various newsletters, publications, social media and/or parish website. Unless we receive written notification to the contrary from the teen's parent or guardian, we will allow them to participate in these events. Thank you.

Parent/Guardian Signature _____

Opening Night: Wednesday, September 14, 2016