



*"I can do all things through Christ who strengthens me."* Philippians 4:13

**Young Adult Ministry Program**

School Year \_\_\_\_\_ Registration Form

**AGES 18-39**

**Please Print Clearly**

**Information:**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Courses: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Other Information:**

Has been Baptized  **Has not been Baptized** When? \_\_\_\_\_

Where? \_\_\_\_\_ (Name of Parish & Address)

Has Received First Holy Communion  **Has not received first Holy Communion**

Where? \_\_\_\_\_ (Name of Parish & Address)

Has been confirmed  **Has not been confirmed**

Where? \_\_\_\_\_ (Name of Parish & Address)

**CONSENT AND AGREEMENT**

I \_\_\_\_\_ of legal age, wish to join the Young Adult Ministry. I also authorize and give consent, without limitation or reservation, to this club, to publish photographs or videos in which I appear while participating in any program associated with the Young Adult. Ministry.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_