

YOUTH FORMATION
7TH—12TH GRADES

Youth Information:

Full Name: _____

Prefer to be Called: _____ Birth date: _____

Email: _____

Cell #: _____ Do you text? Yes No

Home Phone: _____

School you Attend: _____ Year in School: _____

We'll use the 'Remind' app to reach you — see your teacher for info.

What do you like to do?

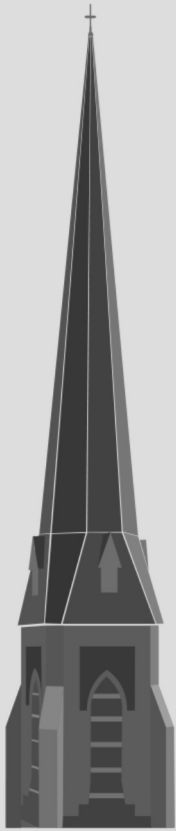
HERE: (Church)

- Sunday Formation
- Serve during worship
- Youth Events
- Jubilate Choir
- Outreach
- Other: _____

THERE: (School & Home)

- Sports: _____
- Arts: _____
- Music: _____
- Dance: _____
- Science: _____
- Other: _____

What do you hope to gain from youth formation? _____



All Saints' Episcopal Church | 106 W. Church Street, Frederick MD 21701 | 301-663-5625 | www.allsaintsmd.org

TURN OVER, PLEASE!

Parent/Guardian Information:

Name: _____

Address: _____

Email: _____

Phone: (Home) _____ (Cell) _____

(Work) _____

Occupational Interest: _____

I am willing to: Teach Chaperone Help with Youth Events

MEDIA EXPOSURE CONSENT:

In the course of Youth Formation activities, All Saints' staff and volunteers and/or the news media occasionally wish to interview, photograph or videotape students, and/or make public their names, work or likeness in print, on television, radio or by electronic means such as the Internet. This includes, but is not limited to, Sunday Formation Gatherings, Youth events and outings, the Saints' Alive! publication, and the All Saints' website. Please indicate your preference to have your teen published in the media (All Saints' cannot control media coverage of events that are open to the public).

I DO give permission to publicize.

I do NOT give permission to publicize.

Parent Signature: _____ Date: _____