

The information below is confidential

Does your student have any special needs due to: a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other circumstance we should be aware of?

Name of student _____ Special needs _____

Describe any allergy, chronic illness or other conditions: _____

Does this student take any medications? Yes _____ No _____ List _____

In case of emergency, please contact: _____ Phone _____

Photo Release Statement

(Please choose ONLY ONE)

- I hereby **grant** permission for my child to be photographed and/or videotaped during Life Teen activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast on social media or parish websites for the purpose of promoting Life Teen at the St. John the Evangelist Church Community.

- I hereby **decline** to grant permission for my child to be photographed and/or videotaped during Life Teen activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the Director of Youth Ministry and/or Core Team Members that he/she may not be photographed and/or videotaped under any circumstances.

Name (PLEASE PRINT) _____

(SIGNATURE) _____

**FAMILY PHOTO NEEDED
PLEASE SUBMIT AT THE TIME OF REGISTRATION**

Official Use Only

- Flock T Flock P
 No Comm S.M.
 Photo