



God be with us...as we put our faith in ACTION!

St. Aloysius Catholic Church

FIAT—Faith in Action Team (Grades 5-8)

REGISTRATION FORM

STUDENT NAME _____ DATE OF BIRTH: _____

GRADE: _____ SCHOOL: _____ RELIGION TEACHER'S NAME: _____

FAMILY ADDRESS: _____

FAMILY PHONE NUMBERS (HOME & CELL): _____

FAMILY E-MAIL ADDRESS: _____

What is the best way and when to contact your family (call/text/e-mail and time of day)? _____

Do you have any known allergies to foods, environments, etc.? Yes No (circle one) Please specify what you are allergic to or state none: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

RELATIONSHIP TO STUDENT: _____

ALL FIAT STUDENTS ARE EXPECTED TO:

- Follow the FIAT Code of Conduct at FIAT service events and activities.
- Be respectful to all in attendance at FIAT service events and activities.
- Be responsible for their guests at FIAT service events and activities.
- Remain with the group at all times at FIAT service events activities.

PARENT NAME/SIGNATURE: _____

STUDENT SIGNATURE: _____

By signing this my youth and I understand the guidelines above and realize, if violated, actions deemed necessary by the FIAT Adult Core Team will be taken which may include parental contact.

PHOTOGRAPHY/VIDEOGRAPHY WAIVER:

I understand that my youth may be photographed or recorded on video during the course of FIAT service events and activities. By initialing below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future FIAT service events and activities.

Initials of Parent/Guardian: _____

As parent, I would be interested in being a Parent Host(s) at future FIAT service events and activities.

Initials of Parent/Guardian: _____

Please fill out & return to your Religion Teacher, School Office, or Parish Office.

Office Use Only: Registration Date: ____ / ____ / ____ Received By: _____

If you have any questions, please e-mail us at youthministry @stalbg.org.