



**Our Lady of Lourdes Youth Ministry Registration Form**

Student Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

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

Student Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Grade \_\_\_\_\_

Allergies, medical conditions, physical, academic or any other special assistance:  
\_\_\_\_\_

During Mass are you interested in serving in any of the following ministries:

(please circle) Altar Server Reader Usher EMHC Choir Drums Guitar Piano

Are you planning to celebrate Confirmation this year? Yes\_\_\_ No\_\_\_  
(if yes, please complete Confirmation registration form)

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
Date