



**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) Music    Choir    Reader    EMHC    Usher    Altar Server

Are you planning to celebrate Confirmation on May 20, 2022?    Yes\_\_\_\_    No\_\_\_\_  
(if yes, please complete Confirmation registration form)

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

Relationship to student: \_\_\_\_\_

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

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

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

Relationship to student: \_\_\_\_\_

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

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

Emergency Contact (if different from above):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
**Date**