



OMOS Teen MD Contact Form

"A community of high school students, welcoming all to encounter Christ daily, to seek the truth, and transform their world through faith and service."

Today's Date: _____

Please print clearly

Name _____ Birthday _____ Age _____

Address _____ Tucson, AZ 857_____

Student cell # _____ Email _____

School _____ Grade _____ Tshirt Size _____

Preferred method of contact: Email Text Phone call Slack Other: _____

I would like to help with...

Music (singing or playing an instrument _____)

Leadership (planning and participating in Teen Lead)

Social Media (web page, social media contact)

Art and Environment (posters, banners, photography and more)

Helping at 12:30pm Sunday Teen Mass

Hospitality _____ Lector _____ Usher _____ Set Up _____ Music _____

Emergency Contact Information

Parent/Legal Guardian: _____ (relationship) _____

Address: _____ Email _____

Cell Phone _____ Home Phone _____

Parent/Legal Guardian: _____ (relationship) _____

Address: _____ Email _____

Cell Phone _____ Home Phone _____

Additional Contact: _____ (relationship) _____

Address: _____ Email _____

Cell Phone _____ Home Phone _____

Medical Concerns: Food Allergy _____ Chronic condition _____ other: _____

(please contact Kim Sisson if your child has special needs or concerns: KSisson@omosparish.org (602)677-3064 cell)

PHOTO AUTHORIZATION

I GRANT PERMISSION TO Our Mother of Sorrows and the Diocese of Tucson to take and/or publish pictures of my child on the church's web site or in the church's publicity information, newsletters, bulletins, printed material. I further state that I have the right to grant or refuse this permission, as I am the child's parent/legal guardian. Initials _____ Date _____

As a parent/guardian, I would like to help with....

I have completed the safe environment/diocese compliance and have been approved _____

I am interested in completing the safe environment/diocese compliance so that I can help as chaperone _____

I would love to help with Food! _____ **I would love to make a financial donation** _____

Name: _____ Preferred method of contact: _____