

# YOUTH GROUP REGISTRATION

## Youth Information

Youth's Full Name

Grade Level

6  7  8  9  10  11  12

Dietary Restrictions

Allergies

Additional Information You Would Like To Inform Us Of (ie. physical limitations, special medication they are on, etc.)

## Youth Emergency Contact

Full Name

Phone Number

Relation to Youth

## Parent/Guardian Information

Parent/Guardian Name(s)

Phone Number(s)

Email(s)

## Signature

Parent/Guardian Signature

Date

### Consent

- |  |     |    |
|--|-----|----|
| 1. I give consent for my child to be photographed/recorded for the use of promotional materials for the Parish of St. Timothy Youth Group                                | Yes | No |
| 2. I understand that I, as a parent/guardian, will receive email updates regarding the youth group, and may also be contacted by phone by the youth ministry coordinator | Yes | No |
| 3. I understand that as a parent, I am directly involved in the faith formation of my child and will do my part to be involved in their faith life                       | Yes | No |
-