

# ST. ANN'S YOUTH GROUP

## 2017-2018 Registration Sheet

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Current Grade: \_\_\_\_\_

### Please Complete All Relevant Information:

Mother's Full Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of PRIMARY Emergency Contact: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Are there any medical, physical, or cognitive conditions that the youth ministry team needs to be aware of such as allergies, seizures, physical limitations, etc.?

\_\_\_\_\_ NO \_\_\_\_\_ YES

IF YES, please describe condition and any appropriate guidelines for our volunteers \_\_\_\_\_

Please **INITIAL** all appropriate items you give permission to:

### I give permission:

\_\_\_\_\_ to contact my son/daughter via Remind text

\_\_\_\_\_ to contact my son/daughter via email

\_\_\_\_\_ for my child to participate in monthly sports nights

\_\_\_\_\_ to be photographed or recorded on video during the course of youth ministry events. By initialing I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future activities.

Signature of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

