

St. Stan's Youth Group

Youth's Name _____

Birthdate _____ Grade in school _____

School attending _____

Parents' names _____

Address _____ Zip _____

Home phone number (____) _____

Parents' cell phone (____) _____ (____) _____

Student's cell phone number (____) _____

Email address: Parent _____

Student _____

Emergency contact information:

Name _____

Relationship to youth _____

Phone number _____

Insurance plan and number _____

Hospital of choice _____

Do you have any special concerns or instructions regarding your child? _____

What would you like your child to get out of our youth group? _____

MEDIA PERMISSION: Please check one:

- I give permission for my child to be photographed and permission to have my child's name used. Only first names will be used.
- I give permission for my child to be photographed, but **do not** want my child's name used.
- I **do not** want my child photographed and do not want his or her name used.

COVID-19 WAIVER: Please check one:

- I have a signed COVID-19 WAIVER on file with St. Stanislaus Church.
- I do not have a signed COVID-19 WAIVER on file with St. Stanislaus Church.

Parent's signature

Registration fee is \$10.00