

St. Stan's Youth Group

Youth's Name _____

Birthdate _____ Grade in school _____

School attending _____

Parents' names _____

Address _____ Zip _____

Home phone number (____) _____

Student's cell phone number (____) _____

Email address Parent _____

Student _____

Emergency contact

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.

Parent's signature

We also have the ability this year to send out text messages. If you would like us to contact you in this way, please write your number below:

_____ - student _____ - phone provider

_____ - parent _____ - phone provider

Registration fee is \$10.00