



## St. Stanislaus Youth Group Registration Form 2019-2020

### Family Information:

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Please indicate primary # to use in the event of Youth Ministry related issues: \_\_\_\_\_  
Primary email address: \_\_\_\_\_  
Additional email address: \_\_\_\_\_

### Emergency Contact Information (who to contact if neither parent is available)

Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Youth #1 Information:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
School Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Have they received their sacraments? (Baptism, First Communion and Confirmation) Yes \_\_\_ No \_\_\_  
Please indicate any medical conditions, allergies or dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_  
Please indicate any special needs: \_\_\_\_\_  
Please indicate any medications that are required by your child: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
My child has permission to be given Tylenol or Advil if they request it: Yes \_\_\_ No \_\_\_

### Youth #2 Information:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_  
School Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Have they received their sacraments? (Baptism, First Communion and Confirmation) Yes \_\_\_ No \_\_\_  
Please indicate any medical conditions, allergies or dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_  
Please indicate any special needs: \_\_\_\_\_  
\_\_\_\_\_  
Please indicate any medications that are required by your child: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
My child has permission to be given Tylenol or Advil if they request it: Yes \_\_\_ No \_\_\_  
Please indicate any youth ministry roles your child/ren may like to participate in:  
Altar Server \_\_\_ Gift Bearer \_\_\_ Greeter \_\_\_ Lector \_\_\_ Usher \_\_\_ Music \_\_\_



### **Youth #1 Contact Information / Permission**

Student Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ **initial here** if you give permission for student to receive youth group updates, information or communication with Youth Minister via Text Message. I understand that a parent will be copied on all text messages with the student.

Student Email: \_\_\_\_\_

\_\_\_\_\_ **initial here** if you give permission for student to receive youth group updates, information or communication with Youth Minister via Email. I understand that a parent will be copied on all emails with the student.

### **Youth #2 Contact Information / Permission**

Student Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ **initial here** if you give permission for student to receive youth group updates, information or communication with Youth Minister via Text Message. I understand that a parent will be copied on all text messages with the student.

Student Email: \_\_\_\_\_

\_\_\_\_\_ **initial here** if you give permission for student to receive youth group updates, information or communication with Youth Minister via Email. I understand that a parent will be copied on all emails with the student.

### **Photo / Video Permission**

I give my permission for St. Stanislaus Youth Group to use pictures and videos of my child(ren) for the use of promoting within the Parish and on certain social media sources such as Twitter and Instagram and on posters or local parish videos \_\_\_\_\_ **initial here**

### **Transportation Clause**

I give my permission for the St. Stanislaus Youth Minister and / or approved chaperones to drive my child(ren) to and from events for the Youth Group \_\_\_\_\_ **initial here**

### **Liability Statement and Medical Permission**

Knowing that there will be proper supervision, in case of injury, I will not hold St. Stanislaus Parish or the Archdiocese of Philadelphia or any persons connected with them liable. I give permission that, in my absence, my child(ren) whose names appear on this form may receive emergency medical care for injuries and situations that should occur while participating in the St. Stanislaus Youth Group.

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_