



Youth Ministry

Youth Ministry Activities Registration Form

1st Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____

2nd Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____

Parent/Guardian Information

Name(s): _____

Street Address: _____

City, State, Zip: _____

Relationship to Child: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Adults Authorized for Pick – Up

Name: _____

Relationship to Child: _____

Phone: _____

Name: _____

Relationship to Child: _____

Phone: _____

Name: _____

Relationship to Child: _____

Phone: _____

Waiver Agreement

I have the legal authority to sign up my child/children named on this form. The above mentioned health history is correct as far as I know and the child/children herein described have my permission to participate in all physical activities. With physical activity there is always a chance that a child may be injured, so in the event that I cannot be reached in an emergency, I hereby give permission to the youth ministers or their designee to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child/children as named above. Medical and accident insurance is the responsibility of the parent or guardian. By signing this form I am also giving Saint Mary of the Knobs Catholic Church and School permission to take pictures of my child/children to be used for posting the church/school website or social media. I understand this specific release may be revoked by me at any time by written request. To the best of my knowledge, the information on this form is complete and accurate. I have read and agree to the terms and conditions.

Signature: _____ Today's Date: _____

3rd Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____

4th Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____

5th Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____

6th Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____

7th Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____

8th Child

First Name: _____ Middle: _____ Last: _____

Grade in School (2017-18) _____ Age: _____ Birthdate: _____

School Attending: _____

Does your child have any medical/behavior conditions that could limit their activity? _____

Allergies: _____

Need to Know: _____