

Sacred Heart Youth Group Registration

Parent/Guardian: _____ Phone: _____

Street

Address: _____

City/State/Zip: _____

Email

Address: _____

Emergency Contact: _____ Phone: _____

Relationship _____

Grade _____

Female _____ Male _____

Allergies or conditions _____

On occasion we will be discussing subjects of a sensitive nature in this group. This includes topics like Theology of The Body, Chastity, and Accountability. These topics will be handled as tastefully as possible, and non-explicitly, however we do wish to have the permission of parents to cover these topics with your teen. If a parent does not wish their teen to be present for these discussions, then we ask that you refrain from attending the nights that they are scheduled. A detailed schedule will be provided once your registration is processed. For any further questions or concerns please contact Martha Stark at mstark@shcatholic.com

I _____ (parent) consent to the attendance of my child _____ at discussion nights concerning the sensitive topics listed above.

Sign here _____