



# Youth Group Registration 2020-2021

## YOUTH INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Male/Female (circle one) \_\_\_\_\_ Birthdate \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

Youth Email \_\_\_\_\_ T-Shirt Size (Adult sizes) \_\_\_\_\_

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

Extracurricular Activities & Talents:

**Mail should be addressed to:** Parents  Mother  Father  Other  (specify) \_\_\_\_\_

(We will communicate via email whenever possible.)

**Father/Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mother/Guardian** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Youth lives with \_\_\_\_\_

## **Volunteer Opportunities**

*Please mark all that you are interested in.*

I'm in need of service hours and want to serve when an occasional service project comes up. Please contact me to let me know of these opportunities.

### **ONGOING SERVICE OPPORTUNITIES that interest me are:**

Nursery Teen Aide

Youth Choir

Faith Formation Sunday Morning Teen Aide

Youth Mass (Sunday, 5:30pm):

Lector (Must Be Confirmed)

Usher

Altar Server (High School Boys)

Knights of Columbus Monthly Sunday Breakfast (2<sup>nd</sup> Sunday of the Month)

Catholic?  Yes  No Registered Holy Spirit Parishioner?  Yes  No Attend Another Church (specify) \_\_\_\_\_

Sacraments Received	Yes	No	In Need Of	Comments:
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reconciliation (Confession)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Holy Eucharist (Communion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Youth in the Archdiocese of Mobile get confirmed in the 11<sup>th</sup> grade. Confirmation Preparation is a two-year process for those in the 9<sup>th</sup> and 10<sup>th</sup> grades. Please indicate if you are in need of Confirmation or contact Charity Firestone in the Office of Faith Formation at dre@holyspiritmgm.org or 277-1989.

**PARENT/GUARDIAN – VOLUNTEER DUTIES**

**HELP WITH YOUTH GROUP DINNER!** Dinner is provided each Wednesday night that Youth Group meets. These dinners are only possible with your help. Please list two Youth Group nights that are best for us to call on you and we will definitely call on you for at least one. (Refer to the Youth Group Calendar.) We will email or text you a reminder close to the date.

1<sup>st</sup> Preference (date) \_\_\_\_\_ 2<sup>nd</sup> Preference (date) \_\_\_\_\_  No Preference

**WE NEED ADULT VOLUNTEERS!** Please list other ways you are able to help and we will contact you:

Chaperoning Trips  Confirmation Reception  Other \_\_\_\_\_

Talents I would like to share with the Youth Group: \_\_\_\_\_

**Liability Waiver**

(To be filled out by parent/guardian of a youth under 19 years of age. If youth participant is 19 or older, consent must be signed by the individual.)

I \_\_\_\_\_ (Parent's Name), as the parent or guardian for \_\_\_\_\_ (Child's Name), a minor child who is in my care and custody, release and hold harmless and defend the Archdiocese of Mobile, Holy Spirit Parish (its pastors, youth directors, other employees and agents, etc.) or are representatives associated with any ongoing scheduled activities from all damages, claims, suits, expenses, and payments for injury to my child and/or property, including all damages, claims, suits, expenses and payments resulting from negligence of the Archdiocese of Mobile, Holy Spirit Parish, and/or their officers, directors and employees. This liability waiver is effective from August 26, 2020 to August 31, 2021.

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PHOTO RELEASE**

As the legal guardian or custodial parent of \_\_\_\_\_, I grant Holy Spirit Parish permission to use my child's photo on its website or official parish social media pages for the purpose of illustrating typical activities of the parish, its youth ministry and/or faith formation program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Return completed forms to Fr. Patrick Gilbreath at Youth Group or the Church Office or mail to:  
Office of Faith Formation, Holy Spirit Parish, 8570 Vaughn Road, Montgomery, AL 36117