



Middle School Youth Group Registration Form

PARENT INFORMATION

Family Name _____ Phone _____ Email _____

Address _____ City/Zip _____

Father's Name _____ Mother's Name _____

Father's Cell _____ Mother's Cell _____

Child Resides with () Both Parents () Father () Mother () Other _____

In the case of separate households, let us know if a second mailing or email address is necessary.

In order to provide a safe and enjoyable experience for all, we rely on the help of parents to help chaperone events and provide transportation. We require both male and female chaperones. Please indicate below if you are able to on occasion to assist. All chaperone must comply with the Archdiocese's Policy of the Protection of Children and Youth (STV-Shield the Vulnerable).

Can Dad:

Help chaperone events? Yes No

Help drive to events? Yes No

Can Mom:

Help chaperone events? Yes No

Help drive to events? Yes No

Is Dad:

STV Certified ? Yes No

Had a Driver's Check? Yes No

Is Mom:

STV Certified ? Yes No

Had a Driver's Check? Yes No

YOUTH #1:

Name _____ Grade _____ School Attending _____

Cell Phone _____ Email _____

Please list any regular medications your child takes or any medical condition or allergies your child has that we should be aware of: _____

YOUTH #2:

Name _____ Grade _____ School Attending _____

Cell Phone _____ Email _____

Please list any regular medications your child takes or any medical condition or allergies your child has that we should be aware of: _____

*****Complete and Sign the back of this form where indicated.****

EMERGENCY CONTACT INFORMATION

1	_____	_____	_____
	Name	Phone	Relationship to Family
2	_____	_____	_____
	Name	Phone	Relationship to Family

By signing below, the parent grants permission to any staff, chaperone or adult team member present to seek medical aid from a licensed physician, hospital or medical clinic for their child in case of an emergency and the parents cannot be reach. Chick one of the following:

I am covered by hospitalization and the medical insurance under policy # _____
Issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

Parent/Guardian Signature _____ Date _____

RELEASE:

Parents/guardians of participants are advised that photographs or video of participants may be taken at events for archival and communication purposes. These images may be used on the web page, publications, or other public displays such as bulletin boards. Parents acknowledge that as a participant, their child may be included in such photos or videos. Parents/guardians who do not wish for their child to be individually photographed or filmed should submit written notification to the Religious Education office. Please note that the parish has no control over the use of photos or film taken by media that may be covering a particular event in which your child participates.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

There is no fee to join the Middle School Youth Group. Some activities may require a cost to participate (for example, snow tubing). In such instances, costs will be communicated to parents as soon as known. Other general overhead costs such as supplies and hospitality are provided on a donated basis or covered by the parish as the budget allows. If you would like to make a general donation (any amount) to financially support the Middle School Youth Group, please include a check made payable to "Holy Trinity" and the amount will be recorded in your annual parish offering total. No child is denied participation for financial reasons in general on-site youth group gatherings or service projects. A financial donation is not required, but is greatly appreciated!

Parent/Guardian Signature _____ Date _____