

Registration form St. Anne's Youth Group 2016-2017

Name of Youth Group Member	
Grade	
Date of birth	
Address	
Home Phone	
Cell Phone	
e-mail	
Parent/Guardian Name	
Parent Phone	
Parent e-mail	
Emergency contact 1:	Name: _____ Ph: _____
Emergency contact 2:	Name: _____ Ph: _____
Any allergies	
Any physical limitations	
Any medications needing to be taken during Youth Group – if yes, please give details	
Permission for non-prescription medication to be given to youth group member if deemed necessary	
Permission to use my child's image On our church web-site or Facebook page	

Signed by _____

Name (printed) _____

Date _____