

Youth Ministry Registration 2025-26

Youth Name		
Age DOB _	School	Grade
Youth Email (optional)		
Parent/Guardian:	Relationship	to Child:
Primary Phone #	Secondary Pho	one #
Parent/Guardian Email:		
Parish:		
	<u>Health Information</u>	
Health Insurance Co	Policy #	
Physician	Phone #	
Allergies		
Is there anything else we	e should know about your child?	
Wo the undersigned a	PERMISSION AND RELEASE	
give permission for pa Ministry related activi permission to a staff n examination, treatment understand the risk as responsibility for any e	rticipation in Our Mother of Sorrows (ties. In the event of unforeseen accide nember or representative to act as an nt, hospital care, or to administer first sociated with involvement in youth gre expenses incurred due to unforeseen p graphs of my child to be taken and used in publications.	ent or illness, we hereby grant agent and authorize medical aid for minor problems. I coup activities and assume full personal injury. I also give
Signature of Parent/Guardian		Date
raieiiy Guai ulali		Date