

# 2016-2017 Partner Parish Youth Group Registration Form

Thanks for wanting to join Partner Parish Youth Group! We are so excited to have you jump into all of the fun. It's important that we grab some information from you so that we can keep you informed of all the fantastic things we have planned for this upcoming year. Please print the following information clearly and then return this form to one of the youth group leaders.

Name: \_\_\_\_\_

School: \_\_\_\_\_

Current Grade in School: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_

Your Email: \_\_\_\_\_

Name(s) of your Parent(s)/Guardian(s): \_\_\_\_\_

Parent(s)/Guardian(s) Cell Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Email: \_\_\_\_\_

Any Hobbies, talents, interests?

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Anything that you would like the youth group to do or get involved in?

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***Please complete this form, the parent permission form and the parent volunteer form as soon as possible and return them all to one of the youth group leaders.***

# 2016-2017 Partner Parish Youth Group Permission Form

We/I as parent(s) or legal guardian(s) of:

Youth's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Give permission for our child to -

1. Be a member of Youth Group of Partner Parishes of Christ Prince of Peace and St. Lawrence in their weekly meetings, outings, service projects and other various group activities.
  2. Receive reminders and updates from the Youth Group via cell phone call, text message, letter or e-mail throughout their youth group membership.
  3. Be involved in carpooling at various times to local events and retreats. Please understand that you will be notified of who will be driving your child to each event. (Any volunteers have their clearances through the diocese of Greensburg.)
  4. Have their photograph taken and sometimes published in the Church Bulletin, Church Website, Youth Group Facebook page or used in publications to promote our youth group.
- We consent and give permission for, emergency medical care for our/my child that may be needed as a result of our/my child's participation.

Insurance: \_\_\_\_\_

Group #: \_\_\_\_\_

I.D. #: \_\_\_\_\_

## Emergency Contacts

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Any allergies or medical concerns to be made aware of:

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Parent(s) Name(s): \_\_\_\_\_

Parent(s) Signature(s): \_\_\_\_\_

Parent(s) Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

*Most contact concerning our group activities and announcements will occur via group text. Some people's cell phones are not compatible with group text. Please let us know if you are unable to receive group texts.*

# 2016-2017 Partner Parish Youth Group Volunteer Form

The Partner Parish Youth Group is an organization that depends solely on volunteers! We are asking that **ALL** parents take a turn in giving time in helping our group to thrive. Anyone who wishes to volunteer, needs to have their clearances done through the church. It is a simple process that any of our youth leaders would be happy to help you obtain. So don't let it keep you from helping! We need you to be successful!

If you already have your clearances, or if you obtain your clearances, please check the areas you would be willing to help with. Ideally it would be great to have 1 parent at each meeting to help.

If you don't have clearances or choose not to, we still have areas where we need you to contribute. For example, donating snacks, pop, water or dinner for a particular meeting.

\_\_\_\_ Car Pool Driver\*

\_\_\_\_ Provide Snacks, Drinks, etc.

\_\_\_\_ Special Event Set Up or Clean Up

\_\_\_\_ Volunteer at Youth Group Meeting\*

\_\_\_\_ Other

\_\_\_\_ Provide "light" dinner for a particular meeting

\*clearances required

Parent(s) Name(s): \_\_\_\_\_

Parent(s) Cell Phone Number: \_\_\_\_\_

Parent(s) Home Phone Number: \_\_\_\_\_

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