

Saint Mary's Catholic Church
Youth Group Registration
2019-2020

1st Parent/Guardian Information: Full Name: _____ Address: _____ _____ Cell: (_____) _____ Home: (_____) _____	2nd Parent/Guardian Information: Full Name: _____ Address: _____ _____ Cell: (_____) _____ Home: (_____) _____
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By entering these cell phone numbers, I give permission to receive text message updates from Saint Mary's Catholic Church.

If not available in an emergency, please notify:

Name: _____ Cell Phone: _____ Home Phone: _____ Relationship to the children: _____	Name: _____ Cell Phone: _____ Home Phone: _____ Relationship to the children: _____
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Promotion Release

I give my permission for the above named youths' images to appear on the parish or diocese website
or in future promotional publications for the parish or diocese.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____

Release of All Claims

As a parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minors. I agree on behalf of myself, my children named herein, or our heirs, successors, and assigns, to hold harmless and defend St Mary's Catholic Church and the Diocese of Baker and their officers, directors, employees, agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my children attending the activities and events or in connection with any illness or injury, including death, or cost of medical treatment in connection therewith, and I agree to compensate officers, directors, and agents of St Mary's Catholic Church and the Diocese of Baker, their employees, agents, chaperones, or representatives associated with the activities and events for reasonable attorney's fees and expenses which may occur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St Mary's Catholic Church or the Diocese of Baker.

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____

Last Name: _____

First Name: _____

Birth Date: _____ Gender: (Circle One) Male / Female

Grade starting in Fall 2018: _____

School: _____

Health Concerns: _____

You may send my child email or text message updates to the following:

Phone Number: _____

Email: _____

Last Name: _____

First Name: _____

Birth Date: _____ Gender: (Circle One) Male / Female

Grade starting in Fall 2018: _____

School: _____

Health Concerns: _____

You may send my child email or text message updates to the following:

Phone Number: _____

Email: _____

Last Name: _____

First Name: _____

Birth Date: _____ Gender: (Circle One) Male / Female

Grade starting in Fall 2018: _____

School: _____

Health Concerns: _____

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Birth Date: _____ Gender: (Circle One) Male / Female

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