



# St. Patrick Catholic Church

Independence, Oregon

## Youth Registration Form

2016-2017

**YOUTH**

Last Name	First Name	DOB*	Grade	School

Household Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Father Name:** \_\_\_\_\_ **Mother Name:** \_\_\_\_\_

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

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

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

**HISTORY OF SACRAMENTS**

Sacrament	Date	Church	City, State, Country	Copy*
Baptism				
First Communion				
Reconciliation				
Confirmation				

\*Copy received and archived.

**Photo Release:**

*I hereby give my permission to St. Patrick Catholic Church to use photographs and/or videos of the student(s) listed as deemed appropriate for the promotion of St. Patrick Catholic Church including, but not limited to, Parish Bulletin, website, parish videos, and parish brochures.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## St. Patrick Medical Release

I, \_\_\_\_\_ the undersigned, parent ( ) legal guardian ( ), give my permission for my son/daughter (please list below), to be evaluated, diagnosed, and treated by authorized medical personnel in case of emergency. 911 may be called.

Child's Name	Date of Birth	Allergies	Medications (Name, Dosage, Reason)

**Emergency Contact (Other than yourself):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I hereby release St. Patrick Church, Archdiocese of Portland and their employees or chaperones, of all liability and claims of any nature that may arise or result from the participation in the St. Patrick activity. It is further understood and agreed that, I hereby authorize St. Patrick Church and its employees or chaperones to secure the necessary services for my youth in the event of an accident or illness. Further, I will be solely responsible for the payment of these services.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_