

St. Thomas' Youth Group Registration 2014-2015

NAME: _____

ADDRESS: _____ POSTAL CODE _____

TELEPHONE NUMBER: _____

YOUTH E-MAIL ADDRESS (optional): _____

BIRTHDAY: YEAR _____ MONTH _____ DAY _____

GRADE IN SCHOOL: _____

NAME OF SCHOOL: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

PARENT'S EMAIL: _____

INTERESTS: _____

CONCERNS/ALLERGIES: _____

Parents/Guardians, I give permission for my child to take part in Youth Group activities held during the year on St. Thomas' property. I understand that photographs and/or video recordings may be taken during these activities in which my child will be involved. I give permission for this media to be used for possible promotion, on St. Thomas' website and/or for news purposes during the 2014-2015 youth group activity period.

Parent/Guardian: _____ Date: _____