

EXAMPLE YOUTH GROUP REGISTRATION & HEALTH FORM

Your church information

Month/Year

Participant's Name: _____ Participant prefers to be called: _____

School: _____ School Grade: _____

Birth Date: _____ Gender: _____

Participant email address: _____ Participant Phone Number _____

Best Way to Contact: _____

Civic Address: _____

Mailing Address (if different): _____

Health Card Number: _____ Expiry: _____

Doctor's Name _____ Phone Number: _____

Address: _____

Does this participant have any physical, mental, emotional or behavioral conditions that the youth group leaders should be aware of? (Please use the back of this form or an additional pages if necessary)

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Please list allergies and reactions: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Day Phone: _____ Night Phone: _____

Email address: _____ Best Way to Contact: _____

PERMISSION

Note: Parents/guardians will be notified in advance about the dates and destinations of all outings.

_____ has my permission to go on all outings and participate in all events with (Your church's youth group) from September 20XX to September 20XX

Signature of Parent(s)/Guardian(s)

Date

PARENT / GUARDIAN AUTHORIZATION:

We will take care to minimize risk and exercise caution, but if an emergency should occur, we need your permission to get treatment for your child if we are not able to reach you. Signing below indicates that you give us this permission.

Signature of Parent / Guardian

Date

PHOTO RELEASE:

Photos and videos may be taken during youth group events, and these may be shared online or in print with the parish, the broader community or the diocese. Content posted online will only use first names and will not include any personal information. Please indicate your consent by circling yes or no, and signing below.

Online: Yes No Print: Yes No

Participant Signature: _____ Parent/Guardian Signature: _____