

GNAC Senior Youth Ministry Registration Form

Student Information:

Name _____ Sex *M* *F* Grade _____

Birthday ____/____/____ Age _____ E-Mail _____

High School _____ Home Phone # _____ Cell Phone # _____

Address _____ City _____ Zip _____

What Parish are you (and/or your family) a registered member? (circle one)

St. Agnes St. Elizabeth Ann Seton Immaculate Conception Other _____

Parental Information:

Mother's First Name _____ Last Name (if different from child) _____

Mother's Religion _____ Mother's Cell Phone # _____

Father's First Name _____ Last Name (if different from child) _____

Father's Religion _____ Father's Cell Phone # _____

Mother's E-mail _____ Father's E-mail _____

(If applicable, please enter one or both parents' e-mail/s to receive SYM mailings w/ weekly meeting & event info.)

Student Medical Information:

Disabilities, Allergies, or Health Issues: _____

Any other issues you think that we need to be aware of (custody, special schedules, etc.): _____

In case of emergency, call:

Name _____ Phone # _____ Relationship _____

***Permission to publish a photograph of my child on the GNAC Youth website:** We have a website for the Greater Norwin Area Catholic Youth Ministries online at www.gnac youth.org. Photos only (no names) will be included on this website, please indicate below (w/ your initials) if we have your permission for your child to appear in a photo that may be posted:

YES, you have my permission for my child's face to appear in any photo used on the website. _____

NO, I do not give permission for my child's face to appear in any photo used on the website. _____

*Website also includes online music, Catholic links, Catholic podcasts, monthly calendars of events, permission slips, etc.

Medical Release Purpose

To Whom it may concern,

As a parent and/or guardian. I do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

I understand that neither Greater Norwin Area Catholic Senior Youth Ministry nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

(Parent or Guardian Signature) _____

(phone number) _____ (date) _____

This release is intended for the duration of the '11-'12 school year. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ (father, mother, legal guardian) _____ (date)

(address) (city) (state) (zip)

(home phone #) (work phone #)

Family Physician _____ (Phone #) _____

Specific medical allergies, chronic illnesses or other condition:

Another person to contact in case of emergency:

(name) (phone)