

St. Thomas Youth Ministry

2009-2010 Registration Form

Family Information

Parents' Names: _____
Address: _____ _____
Home Phone Number: _____
Alternate Phones Number(s): _____
e-mail: _____

Student Information

Name: _____	Date of Birth: _____	
Grade: _____	School: _____	T-Shirt Size: _____
Mobile Phone Number: _____	Texting (Circle One):	Y N
e-mail: _____		
<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Dead Theologians Society

Name: _____	Date of Birth: _____	
Grade: _____	School: _____	T-Shirt Size: _____
Mobile Phone Number: _____	Texting (Circle One):	Y N
e-mail: _____		
<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Dead Theologians Society

Name: _____	Date of Birth: _____	
Grade: _____	School: _____	T-Shirt Size: _____
Mobile Phone Number: _____	Texting (Circle One):	Y N
e-mail: _____		
<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Dead Theologians Society

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Parental Authorization for Child Participation

I give my permission for my child to take part in the activity described herein. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, St. Thomas Parish, its agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and person transporting our child to and/or from these activities. Neither the Archdiocese nor the Parish nor any of said persons shall be held financially responsible for any injuries, illness, or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered to my participating child(ren).

Medical Conditions we need to be aware of: _____

Identify activities that the child should no participate in: _____

Doctors Name & Phone: _____

Insurance Company: _____ Group/Policy #: _____

Signature: _____ Date: _____

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There is a registration fee of \$15 per teen. If a high school student takes part in both the High School Youth Group and the Dead Theologians Society, they need only pay once.

Number of Teens \_\_\_\_\_ x \$15/teen = (Total) \_\_\_\_\_

- My check is enclosed.
- I will pay by September 20<sup>th</sup>.