

This portion to be completed by parish staff: Paid by: Cash \_\_\_\_ Cheque \_\_\_\_ Initials \_\_\_\_



**ST. FRANCIS XAVIER PARISH Grade 8 – 12 Youth Group  
2018 – 2019**

**MEMBER INFORMATION:**

Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**ADULT CONTACT INFORMATION:**

Parent Contact Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Emergency Contact (if Parent can't be reached)  
Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies (i.e. bee stings, peanuts, medications, seasonal, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional medical/physical/emotional concerns that group leaders should be aware of (i.e. medical conditions, medications that need to be brought to Digging Deeper, anxiety, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION STATEMENT:**

**If under 18:**

I grant the above-named student permission to participate in St. Francis Xavier Parish's 2018 – 2019 Digging Deeper group. I agree to hold the parish and its staff and volunteers harmless for any untoward event that may occur (injury, damage to or loss of belongings, etc). I give my permission for medical care to be sought for my child if it is deemed necessary and/or in the event that I cannot be reached.

Parent Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**If 18 or older:**

I would like to be a participant in St. Francis Xavier Parish's 2018 – 2019 Digging Deeper group. I agree to hold the parish and its staff and volunteers harmless for any untoward event that may occur (injury, damage to or loss of belongings, etc). I give my permission for medical care to be sought for me if it is deemed necessary and/or in the event that my parents and emergency contacts cannot be reached.

Member Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_