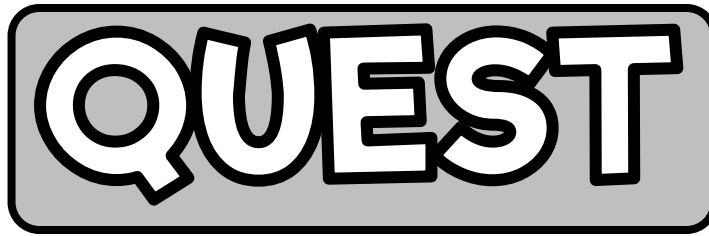


This portion to be completed by parish staff: Paid by: Cash \_\_\_\_ Cheque \_\_\_\_ Initials \_\_\_\_



**ST. FRANCIS XAVIER PARISH Grade 3, 4, & 5 Youth Group  
2018 – 2019**

**MEMBER INFORMATION:**

Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_

**ADULT CONTACT INFORMATION:**

Parent Contact Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
\*\*\*E-mail: \_\_\_\_\_

Emergency Contact (if Parent can't be reached)  
Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
*(notifications & updates will be sent via email)*

Who will be dropping off and picking up your child?

\_\_\_\_\_  
*\*If this includes someone other than those listed above, please indicate their relationship to your child, for example: aunt, uncle, parent of another member (include member's name).*

**MEDICAL INFORMATION:**

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

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

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

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

**PERMISSION STATEMENT**

I, the parent/guardian of \_\_\_\_\_ (student name), give my permission for them to participate in St. Francis Xavier Parish's 2018 – 2019 QUEST Youth 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.

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