

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



**ST. FRANCIS XAVIER PARISH Grade 8 – 12 Youth Group
2019 – 2020**

MEMBER INFORMATION:

Member Name: _____

Date of Birth: _____

Address: _____

School: _____

Grade: _____

Cell Phone Number: _____

E-mail: _____

ADULT CONTACT INFORMATION:

Parent Contact Name: _____

Emergency Contact (if Parent can't be reached)

Home Phone Number: _____

Name: _____

Work Phone Number: _____

Relationship to student: _____

Cell Phone Number: _____

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 2019 – 2020 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 2019 – 2020 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: _____