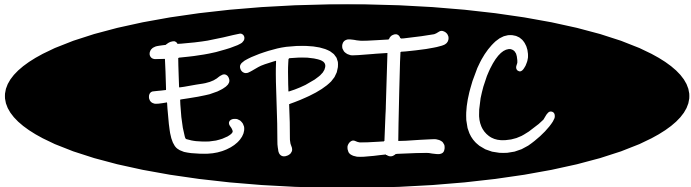


This portion to be completed by parish staff: Paid by: Cash ____ Cheque ____ Initials ____



**ST. FRANCIS XAVIER PARISH Grade 6 & 7 Youth Group
2019 – 2020**

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 2019 – 2020 EPIC 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: _____