

LAST NAME: _____

YOUTH GROUP REGISTRATION 2018-2019

Please fill out all pages to the best of your knowledge. If you have questions please contact the Director of Youth Ministry, Aaron Myler at AaronMyler@ollmlb.org

STUDENT INFORMATION:

Check One: High School Middle School

Student's Full Name _____ DOB: ___/___/___

Address: _____ City: _____ Zip: _____

School: _____ Grade _____

PARISH INFORMATION

Are you registered members of OLL Parish?

Yes _____, If **yes**, Envelope# _____

No _____, If **no**, name of parish you are registered member of: _____

PARENT/GUARDIAN INFORMATION

Father's Name: _____ Religion: _____

Phone: (____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Religion: _____

Phone: (____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Religion: _____

Phone: (____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

YOUTH GROUP INFORMATION

High School Youth Group is called **Lifeteen**

Grades: 9th-12th

When: Sundays 7p-9p

Middle School Youth Group is called **Edge**

Grades: 6th-8th

When: Wednesdays 6p-8p

Student Participation

I(Student), _____ acknowledge and understand that when attending youth group I will participate to the best of my ability and treat others in a respectable manner including my peers, volunteers, and adults. I also understand that students who do not comply with instructions will be asked to call Parent/Guardian to pick-up their child.

Initial P: _____ STU: _____

LAST NAME: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone:(____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Name: _____ Relationship: _____

Phone:(____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Does your child take medication or need any special assistance ? If yes, please explain:

Person(s) authorized to pick-up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CUSTODIAL INFORMATION

Please complete if Parents are Separated, Divorced or a Guardian. The parish must retain a copy of the legal agreement designating person[s] responsible for decisions related to faith of the child. The following person has legal authority for raising this child in the Catholic faith.

If applies check one: DIVORCED SEPARATED GUARDIAN

Name: _____ Relationship: _____

Phone:(____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

Name: _____ Relationship: _____

Phone:(____)____-____ Email: _____

Address: _____ City: _____ Zip: _____

