

JUNIOR REGISTRATION FORM (Gr. 6 to 8) - St. Helen's Youth Ministry

Personal Information

FAMILY NAME:	FULL FIRST NAME:	AGE:
ADDRESS: <i>(city, province, postal code)</i>		BIRTHDAY (mm/dd/yy) / /
SCHOOL ATTENDING & GRADE:	HOME TELEPHONE #:	
FATHER'S NAME:	FATHER'S CONTACT #:	
MOTHER'S NAME:	MOTHER'S CONTACT #:	
EMERGENCY CONTACT:	PHONE #:	RELATIONSHIP TO CHILD:
PARENT E-MAIL ADDRESS:		
MEDICAL INFORMATION <i>(Special Needs/allergies, Dietary Restrictions, behavioural considerations)</i>		
<p>_____</p> <p>_____</p>		
<p>In case of an accident at any meeting or event, and we are unable to reach you, or the emergency contact, do you give St. Helen's Parish Staff permission to transport your child to provide emergency care? YES ___ NO ___</p>		

All About Me

What activities are you involved in (at school or in the community)?

- choir band football soccer basketball volleyball hockey
 baseball swim team ski/snowboard team other activities:

Which activities would you like to participate in? (pick your top 5)

- Movie night ice skating bowling hiking scavenger hunt overnight sleepovers
 talent night gym nights cycling picnic board games weekend retreats
 BBQ's camping rollerblading beach volleyball
 snow day (tobogganing, skiing, snowboarding, etc) Archdiocese Activities/Retreats
 tournament against other church youth ministries (basketball, volleyball, softball, badminton, etc)
 other ideas:

What are some of your talents and gifts?

- I'm a good leader I play a musical instrument Which instruments? _____
 I'm a good singer I'm good at these sports: _____
 I am a good writer I'm good at creative arts and design I love to act.
 I'm very creative I'm comfortable with public speaking I'm good at planning/organizing events
 other talents I have:

PHOTOGRAPHY/VIDEOGRAPHY WAIVER: I understand that my child may be photographed or recorded on video during the course of youth ministry events. I provide consent for their image to be used in print, electronic, or video and used by St. Helen's Parish on the website, in newsletters, for the use of acknowledgments/appreciation and other promotional aspects involved with the Youth Ministry activities. YES NO *(MUST CIRCLE ONE)*

I acknowledge the above information to be correct and given consent for my child to participate in activities organized by the St. Helen's Youth Ministry.

PARENT SIGNATURE

DATE

OFFICE USE ONLY: Date Submitted: _____ Registered Entry #: 011-_____ Survey on File: _____