



# SJC Youth Group Registration

*Please print all information clearly.*

**Youth Name** \_\_\_\_\_  
*First Middle Initial Last*

**Nickname, if any** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Youth Email** \_\_\_\_\_ @ \_\_\_\_\_ **Youth Cell Number (\_\_\_\_\_)** \_\_\_\_\_ - \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone (\_\_\_\_\_)** \_\_\_\_\_ - \_\_\_\_\_ **SJC Parishioner? Yes** \_\_\_\_ **No** \_\_\_\_

**Allergies: Yes** \_\_\_\_ **No** \_\_\_\_ **If Yes, please explain.** \_\_\_\_\_

**Does your child have any limitations or special needs of which we should be aware? Yes** \_\_\_\_ **No** \_\_\_\_

**If Yes, please explain.** \_\_\_\_\_

**PARENT/EMERGENCY CONTACTS:** *Please list in the order that you wish to be contacted in case of emergency.*

**Parent/Guardian 1**

**Full Name** \_\_\_\_\_ **Cell Phone (\_\_\_\_\_)** \_\_\_\_\_ - \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_ **Relationship to Youth** \_\_\_\_\_

**Parent/Guardian 2**

**Full Name** \_\_\_\_\_ **Cell Phone (\_\_\_\_\_)** \_\_\_\_\_ - \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_ **Relationship to Youth** \_\_\_\_\_

*Please review and sign on reverse side. This form is not complete without a signature.*

### Consent & Liability Release

I give permission for my child, \_\_\_\_\_, to participate in the St. John Chrysostom Parish Youth Group. In case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person(s) designated on this form. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery, for my child's well-being. I hereby agree to indemnify and hold harmless St. John Chrysostom Catholic Church, the Archdiocese of Philadelphia, and its officers, employees and volunteer staff from any liability.

\_\_\_\_\_  
Full Name of Parent or Legal Guardian (Print)

\_\_\_\_\_  
Relationship to Youth

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*Youth Group Parents or Guardians must also complete the Archdiocese of Philadelphia Consent Forms for Posting Pictures/Videos of Minors and for Electronic Communications with Minors.*