

Our Lady Queen of the Yough Catholic Community

Youth Group Registration

(Grades 6-7) Middle School Youth

(Grades 8-12) Senior High Youth

Student Information-You may put more than one child on this form if necessary.

Name: _____

Age (as of Sep. 2019): _____ Grade (as of Sep. 2019): _____

Date of Birth _____

School: _____

Allergies or Medical Issues: _____

Physical/Emotional/Learning Challenges: _____

Student is a member of: (please circle)

Immaculate Conception St. Rita St John the Evangelist

St. Aloysius

Sacraments Received: None ☐ Baptism ☐ First Reconciliation ☐ First Eucharist ☐ Confirmation ☐

Church of Baptism: _____

Father's Name: _____

Mother's Name: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Who will be picking up your child? _____

Name

Phone Number

Relationship

Please name another person authorized to pick up your child.

Name Phone Number Relationship

Emergency Contact:

Name

Phone Number

Relationship

Registration Fee: \$25.00 PER CHILD. Please make checks payable to Immaculate Conception Church. Thank you.

Office use only

Fee enclosed _____

Cash _____

Check No. _____

PHOTOGRAPHIC RELEASE LETTER

Use this form for all photographs in printed or electronic format. A parent/guardian signature is necessary if the subject is under age eighteen.

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing. I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Signature of Parent/Guardian

Signature of Subject of Photograph

Printed Name and Address

I hereby certify that I am the [parent and/or guardian] of _____,
a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the
photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without
limitation, the release, discharge and hold harmless provisions thereof.

Youth Group Tentative Schedule:

Meetings are Wednesdays from 6-8pm in the Former CAPS School (to the left of Saint Rita's)

Grades 6-7 and Grades 8-12 meet at the same date/time but in different rooms

Food- Come Hungry!

Games/Ice Breakers

Bring Shoes to Run Outside

September 4th and 18th

October 2nd and 16th

November 6th and 20th

December 18th

January 15th

February 5th and 19th

March 4th and 18th

April 1st and 22nd

May 6th and 20th