

**Church of the Holy Trinity
Youth Ministry Registration Form**

Family Name: _____

Emergency Contact Information:

Parent/Guardian Name: _____ Phone Number: _____ Type: _____

Secondary Contact Name: _____ Phone Number: _____ Type: _____

Relationship to Student: _____

Child	Birthdate	Sex	Grade Starting in Fall
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Sacrament and Date:	Baptism	Catholic? (Y/N)	Eucharist	Confirmation
	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, learning or physical disabilities _____

Medications (used during session): _____

Insurance Company and Policy #: _____

Child	Birthdate	Sex	Grade Starting in Fall
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Sacrament and Date:	Baptism	Catholic? (Y/N)	Eucharist	Confirmation
	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, learning or physical disabilities _____

Medications (used during session): _____

Insurance Company and Policy #: _____

Child	Birthdate	Sex	Grade Starting in Fall
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Sacrament and Date:	Baptism	Catholic? (Y/N)	Eucharist	Confirmation
	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, learning or physical disabilities _____

Medications (used during session): _____

Insurance Company and Policy #: _____

Permission and Release

I/We hereby consent to my child/children, _____, participating in the Holy Trinity Religious Education activities, those on-site and those off-site. I/We understand that some events will take place away from the parish grounds and that my/our child will be under adult supervision and all reasonable caution will be taken to prevent accidents or injuries. I/We hereby release and indemnify Holy Trinity Parish, its staff and volunteers, and the Diocese of Cheyenne from any and all liability arising from claims of any kind or nature whatsoever from my/our child's/children's participation in this event, including transportation.

In the event my/our child/children were to become injured, I/We give permission for the supervising adults to seek medical care or treatment for my/our child/children. I/We understand that if my/our child/children does become sick or injured, every effort will be made to contact a parent or guardian. If Holy Trinity cannot reach a parent/guardian, we will contact the emergency contact in our records.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Note: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Photo Release:

I/We give permission for the Holy Trinity staff to take and use my child's photo/video recordings for use in parish publications including but not limited to the parish website, bulletin, stewardship materials and other publications.

Parent/Guardian Name: _____

Signature: _____

Date: _____

For Official Use Only Tuition Payment

Tuition due: \$ _____
\$40 per student; \$100 max per family

Tuition Paid: \$ _____

Date: _____

Be in the Know

Student Name: _____

Date of Birth: _____ Year in School: _____

Parent/Guardian Name: _____

Yes, I want to receive updates about youth events through the following ways...

Text Messages:

Student Cell Phone Number: _____

Parent(s)/Guardian Cell Phone Number: _____

Emails:

Student Email: _____

Parent(s)/Guardian Email: _____

Facebook

You can find us at Holy Trinity Youth and Young Adult Ministry

Also, check out our website at www.holytrinitycheyenne.org/youth.html!

You can also follow us on Instagram at holytrinitycheyenne.