

HOLY SPIRIT PARISH YOUTH GROUP REGISTRATION

Grades 6-12

(Please print clearly so it is easy to read.)

Youth's Name: _____ **Birth Date:** _____ **Age** _____ **Grade** _____

Mother's Name: _____ **Father's Name:** _____

Parents' Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Address: _____ **City/State/Zip** _____

Parents' Email Address: _____ **Youth's Religion:** _____

Youth's Email Address: _____ **Youth's Cell Phone:** _____

School: _____ **Grade:** _____ **Extracurricular Activities:** _____

Sacraments Received: **Baptism** **Reconciliation** **Eucharist** **Confirmation**

Food Allergies/Special Nutrition Needs: _____

Medications/Special Medical Needs: _____

Comments/Learning Challenges/Concerns: _____

The Youth Group requires extra adult volunteers.

Would you be willing to participate as a: **catechist** **chaperone** **snack/food coordinator** **driver**

birthday/grad. coordinator **fund raiser coordinator** **bulletin board decorator** **event assistant** **other**

Please complete both sides of this form.