

**ST. CECILIA CATHOLIC CHURCH
YOUTH GROUP REGISTRATION FORM 2009-2010
GRADE 7TH, 8TH, 9TH, 10TH, 11TH, AND 12TH**

Meet Sunday for 11:00 AM Mass, Lunch after Mass at Noon.

Class from 12:30pm to 2:00pm.

Fees: \$40 per youth for meals & class fee is \$30 for 1; \$50 for 2; \$75 for 3 or more

Youth's Name	E-Mail	Grade	Sex M / F	Birth Date	Baptized Y / N	Eucharist Y / N	Confirmed Y / N

Youth Making Confirmation need a copy of Baptismal Certificate prior to sacrament.

Date of Registration _____

Father's Name: _____

Mother's Name: _____

Fees Paid: Check _____ Cash _____
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Children live with (circle one) Both Parents Mother Father Other

Is Father Catholic? (Please circle one) Yes No Is Mother Catholic? (Please circle one) Yes No

Home Address: _____ City _____ Zip _____

Phone: _____ Work (Mother) _____ Work (Father) _____

Email: _____ (Our correspondence is done by email)

Emergency Contact Name and Phone: _____

**Youth Ministry relies heavily upon volunteer support!
Please indicate below where you can share your time and talents.**

- High School Core Middle School Core 5 PM Ushers Food Ministry
- Music Ministry Clean Up Crew Birthday/ Affirmation Ministry
- Parents for Life Ministry Social Events Coordinating Other

Does your child have any food allergies? Special Needs? Anything we need to know? _____

**PARENTAL CONSENT FORM ON THE BACK THAT NEEDS TO BE
SIGNED AT TIME OF REGISTRATION. THANK YOU.**

PARENT AUTHORIZATION

I give my permission for my child *I* children to take part in St. Cecilia Religious Education Program. In consideration of the opportunity for my child / children to participate and fully recognizing that such an undertaking involves, an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of Seattle, St. Cecilia Parish, its agents, employees, and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child *I* children to and from these activities. Neither the Archdiocese of Seattle, St. Cecilia Parish, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

If I cannot be reached, I request that the DRE / Catechist / Youth Minister act in the best medical interests of my child and I agree to assume all expenses for moving and medically treating him / her. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN SIGNATURE _____

Date _____

If parent/guardian cannot be reached, contact:

1) _____ Phone (____) _____

2) _____ Phone (____) _____

Doctor's Name _____ Phone (____) _____