



## Saints Constantine & Helen Youth Group Registration (HOPE/JOY/GOYA)



Parent or Guardian's Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Baptismal Name and Date of Nameday: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Baptismal Name and Date of Nameday: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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Child's Baptismal Name and Date of Nameday: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Baptismal Name and Date of Nameday: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have any medical conditions, food allergies, or special needs that we should be made aware of? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Medical Release:** In the event of sudden illness, injury or emergency, I authorize the Youth Group Advisors of Saints Constantine and Helen to administer first aid or secure medical care if necessary during a youth group function. This includes medical care and treatment by a first aid station, physician or hospital.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:** I hereby grant permission to Saints Constantine and Helen Church to use my and my child(ren)s photograph(s) for official church publications and public relations activities. The various church publications may include but are not limited to: Sunday Bulletin, Quarterly Newsletter or the church website or facebook page.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*Registration forms may be dropped off at the church office or submitted via email to Cally at [saintschsecretary@me.com](mailto:saintschsecretary@me.com) or to Kristin at [tcbk64@aol.com](mailto:tcbk64@aol.com)*