

Gr. 7-12 Kelowna Catholic Youth Group 2024-25 Registration Form

Parent / Guardian Contact Information

Name: _____ Cell: _____

Name: _____ Cell: _____

Parish Family Attends: _____

Email to use for mailing list: _____

Youth #1 _____ Grade: ____
First Name Last Name

Things We Should Know (ie, Food Allergies, Medical/Social/Emotional Concerns)

Youth #2 _____ Grade: ____
First Name Last Name

Things We Should Know (ie, Food Allergies, Medical/Social/Emotional Concerns)

Youth #3 _____ Grade: ____
First Name Last Name

Things We Should Know (ie, Food Allergies, Medical/Social/Emotional Concerns)

Waiver

I understand that reasonable precautions will be taken to safeguard the health and well-being of my son / daughter at all youth events. I give permission to the group leader and/or chaperones to obtain medical care from a licensed physician, hospital, or medical clinic for my child **in the event that I or other legal guardian cannot be reached**. Unless other written instruction is submitted, I also consent to allowing my son's / daughter's image to be recorded, either by photograph or video, at youth events and used for future advertisement of parish or diocesan programs.

Parent or Guardian Signature: _____

Date: _____