

Grade 8-12 Kelowna Catholic Youth Group

2025-26 School Year Registration Form

Parent / Guardian Contact Information

Name: _____ Cell: _____

Name: _____ Cell: _____

Parish Family attends: _____

Email to use for Youth Group mailing list: _____

Youth #1 _____ Grade: ____ M / F
First Name Last Name

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

Youth #2 _____ Grade: ____ M / F
First Name Last Name

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

Youth #3 _____ Grade: ____ M / F
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 child'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: _____