

# 2022-23 Kelowna Catholic Parishes Senior Youth Group Registration

## Parent / Guardian Contact Information

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email to use for Youth Group mailing list: \_\_\_\_\_

**Youth #1** \_\_\_\_\_ Grade: \_\_\_\_  
First Name Last Name

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

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**Youth #2** \_\_\_\_\_ Grade: \_\_\_\_  
First Name Last Name

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

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**Youth #3** \_\_\_\_\_ Grade: \_\_\_\_  
First Name Last Name

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

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## 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 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:** \_\_\_\_\_