

Year: 20 ____ -20 ____

ST. THOMAS MORE CHURCH YOUTH GROUP REGISTRATION

MIDDLE SCHOOL _____ HIGH SCHOOL _____

(Please check one)

***YOU MUST REGISTER EVEN IF YOU WERE IN YOUTH GROUP LAST YEAR**

TEEN INFORMATION:

Name: _____

Address: _____ TX, Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Date of Birth: _____ Grade: _____ School: _____

T-Shirt Size: _____ Small _____ Med _____ Large _____ XL _____ XXL

PARENT/GUARDIAN INFORMATION:

Parents/Guardian Names: _____

Address: _____ TX, Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

EMERGENCY INFORMATION:

Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Physical Disabilities? Yes _____ No _____ Learning Disabilities? Yes _____ No _____

Allergies? Yes _____ No _____ Other & if 'Yes' explain: _____

Circle all sacraments you have already received:

Baptism Penance Communion Confirmation

Circle the Saturday/Sunday Mass you and/or your family regularly attend:

6:00 p.m. (Sat.) 9:00 a.m. 10:30 a.m. 12:00 p.m.

Are you already a/an (check all that apply)? Altar Server Lector Usher Gift Bearer

List any job, groups, teams or extracurricular activities that you are involved with during the school year:

You aren't finished yet! Your parent must sign other side.



Revised 11/2017

PARENTAL AUTHORIZATION/ RELEASE FORM

I give permission for my child to take part in the **St. Thomas More Youth Program** activities *on and off church grounds*. In consideration of the opportunity for my child 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 **Diocese of Corpus Christi and Thomas More Church**, its agents, employees and officers, and the chaperones, leaders, organizers, sponsors, and persons transporting our child to and from these activities. Neither the **Diocese of Corpus Christi nor St. Thomas More Church** 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. I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Medications your child takes regularly: _____

If necessary, may I give your child Tylenol and/or Imodium A-D? Yes _____ No _____

Is your child allowed to drive him/herself to Youth Group events? Yes _____ No _____

I also give permission to St. Thomas More’s Youth Ministry to post appropriate photos of my child on the youth group website, promotional flyers and in the bulletin.

Signature of Parent/Guardian

Date

BRING YOUR REGISTRATION FORM TO YOUTH GROUP OR:

MAIL IT TO THE CHURCH

St. Thomas More Youth Group
2045 18th Street
Corpus Christi, TX 78404

PUT IT IN THE MAIL BOX

There is a mail box located
at the left hand side of the Church door.

Questions? Call the church office at (361) 888-9308.