



YOUTH GROUP REGISTRATION

January
2012

All forms must be turned into the office in person, by fax 751-1304, or by mail
300 N. Tanque Verde Loop Rd 85748 by **January 31, 2012 with ATTN: ANITA**

Tuesday Night Youth Group for All Grades
Grades **6-8th** will meet Tuesday Evenings 6:30-8:00 PM
Grades **9-12th** will meet Tuesday nights 6:30-8:30 PM

Registration Fee is \$15 per youth. (\$45 per family maximum) *1/2 fee for 1/2 year*

Please take the time to read each section carefully and check/sign the proper places

FAMILY LAST NAME: _____ HOME PHONE # _____

ADDRESS: _____ ZIP _____

FAMILY EMAIL ADDRESS _____

Updates, monthly reminders/calendars, and permission forms will be sent via email. If you would prefer these be sent solely by a mailing address please check here:

#1 YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
Sacraments Needed - Please Circle: Baptism, Eucharist, Reconciliation, Confirmation

#2 YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
Sacraments Needed - Please Circle: Baptism, Eucharist, Reconciliation, Confirmation

#3 YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
Sacraments Needed - Please Circle: Baptism, Eucharist, Reconciliation, Confirmation

PLEASE
FILL
OUT
OTHER
SIDE!

FATHER'S NAME (Stepfather, Guardian, Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____ N/A:

MOTHER'S NAME (Stepmother, Guardian, Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____ N/A:

OFFICE USE ONLY: PAID : CHK # _____ Amt.\$ _____ Cash: _____
Scholarship: _____ CC: _____
Date turned in: _____ Time: _____ Initial: _____

**EMERGENCY CONTACT NUMBER:
(OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)**

NAME: _____ PHONE: _____
RELATIONSHIP TO YOUTH/FAMILY: _____

PHOTO RELEASE:

Corpus Christi Church has my permission to have my youth's picture taken while attending Youth Ministry Activities. The pictures will be used at the parish (i.e. newsletters, bulletins, bulletin board, flyers, YG slideshows etc.) and our parish web site (www.cccctucson.org) and/or Facebook page (www.facebook.com/corpuschristiyg).

Parent Signature Date

MEDICAL INFORMATION:

Youths Name:	Allergies or Other Medical Concerns	Emergency Medications (inhaler, epi-pen, etc.)

Corpus Christi Church volunteers/staff have my permission to administer over the counter medications such as Tylenol, Neosporin, Tums, etc. I understand that the employees and volunteers of Corpus Christi Catholic Church, and the Diocese of Tucson are not responsible in case of injury. I also give permission for the pastor, staff, youth minister, or adult volunteer leaders to issue emergency medical assistance should that be required. If my child should be rendered to a hospital or emergency facility, I give permission for my child to receive medical treatment. I will retain responsibility for expenses incurred at that time.

PLEASE INITIAL: _____

TEXT COMMUNICATION:

Please check the box if you would like to receive text reminders.

- Cell # : _____
Parent (s)
- Cell # : _____
Teen #1
- Cell # : _____
Teen #2
- Cell # : _____
Teen #3

Please sign below saying you have read the form:

Parent Signature Date

Teen #1 Signature Date

Teen #2 Signature Date

Teen #3 Signature Date

If you have any questions, please call Anita Timpani at 751-4235
or email atimpani@cccctucson.org.