



**St Joseph the Worker
Middle School Youth Group**

Registration Fee: \$20
Financial Assistance available

Youth Information

First Name _____ Last Name _____

Address: _____ Unit# _____ City _____ Zip _____

Birthdate Month _____ Day _____ Year _____ Grade: 6 7 8 Middle School _____

Home Phone _____ Youth's Cell _____

Do we have permission to text your son/daughter? Yes ___ No ___

By initialing _____ I **DO NOT** give permission for photos of my child taken during Youth Events to be published

T-SHIRT SIZE (Adult Sizes): Small Medium Large XLarge XXLarge

Parent Information

Most correspondence is done via email so please clearly write your email address.

Family Last Name (if different from your child's) _____

Mother's Name _____ Mother's Cell _____

Mother's Email _____

Father's Name _____ Father's Cell _____

Father's Email _____

EMERGENCY INFO

Emergency Contact if unable to contact parents

1. Name _____ Phone _____

2. Name _____ Phone _____

Allergies _____

Medications _____

Medical Insurance _____ **Group or ID #** _____

Physician Name _____ Physician Phone _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent Signature _____ Date _____

Office Use Only

Received by _____ Amt Pd _____ Date Paid _____ Ck # _____ Cash _____ Updated 8.24.21