



Mercer, Auglaize, Darke Youth Ministry

High School Youth Group Registration Form

Name: _____ DOB: _____

Grade: 9 10 11 12 School: _____

Parents: (Mom) _____ (Dad) _____

<u>Phone</u>	<u>Phone #</u>	<u>Is texting an option for communication?</u>
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Home _____

Youth Cell _____ YES NO

Mom's Cell _____ YES NO

Dad's Cell _____ YES NO

Email

Youth Email _____

Mom's Email _____

Dad's Email _____

*Do you attend CCD (Faith Formation)? YES NO Where? _____

T-Shirt Size: (Adult Sizes) XS S M L XL XXL

Do parents have access to Facebook? YES NO

Suggested Program Fee \$20
T-Shirt Fee \$10
Checks Payable to Marion Catholic Community

Youth Allergies: _____

Youth Behavior Issues: _____

Forms Required for Youth Enrollment:

____ Registration Form ____ Archdiocese of Cincinnati Medical Form/Permission Slip

Parents:

YES NO Do you have VIRTUS certification?

YES NO Parents are encouraged to support the youth by volunteering in one or more ways. Are you willing?

Parent Signature: X _____ Date: _____