



# Corpus Christi Catholic Church JUNIOR YOUTH GROUP REGISTRATION

Today's Date

**Ages 11 - 12**

*Forms may be turned in to the office, in person or by mail with ATTN. Stacey*

Junior Youth Group is a step up from Innovative RE and will continue students' religious/spiritual journey focusing on outreach and discussions, exploring Sunday readings, weekly reflection questions on the parts of the liturgy, and helping with parish service projects. Meets weekly on Wednesday, 4:30 – 5:30.

**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.

FATHER'S NAME (Stepfather/Guardian/Etc.) at above address: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
MOTHER'S NAME (Stepmother/Guardian/Etc.) at above address: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

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

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RELATIONSHIP TO YOUTH/FAMILY: \_\_\_\_\_

#1

YOUTH'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

#2

YOUTH'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

#3

YOUTH'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

#### OFFICE USE ONLY:

Date Turned In/Initials: \_\_\_\_\_

Entered in DATABASE: \_\_\_\_\_ Date Entered/Initials - Shelby: \_\_\_\_\_

Parish Where Registered: \_\_\_\_\_

*By signing up for this program, we acknowledge that there are events that will go off campus.*

My son / daughter \_\_\_\_\_ has my permission to attend all activities provided for **Innovative RE/Youth Groups/Confirmation**. I understand that Corpus Christi, 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, associate pastor, 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. I also understand that if it is decided to dismiss my child during any event, I am responsible to come and pick up him/her immediately.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

### **PHOTO RELEASE**

Corpus Christi Church has my permission to have my student's picture taken while attending Innovative RE/Youth Groups/Confirmation activities. The pictures will be used at the parish (i.e., newsletters, bulletins, bulletin board, flyers, slideshows, etc.) and our parish website and/or Facebook page. Photos on parish websites and parish social media sites will not and cannot be tagged with individual names.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

### **MEDICAL INFORMATION**

Corpus Christi Church volunteers/staff have my permission to administer over-the-counter medications such as Tylenol, Neosporin, Tums, etc., when requested by the student. List any medical/food allergies your child(ren) may have.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**