



Bring a friend to MSYM

Name of youth: _____ **Grade:** _____

Address _____ **Name of Registered Youth:** _____

City _____ **State** _____ **Zip** _____

Family e-mail address: _____ **Family Phone** _____

Father's Name _____ **Work Phone** _____ **Cell Phone** _____

Mother's Name _____ **Work Phone** _____ **Cell Phone** _____

Medical and Allergy Information

(Confidential: For office/emergency use only)

Youth Name	Medical Conditions	Medication Taken	Allergies/Dietary Restrictions	Learning/Physical Restrictions

Is there anything else you would like for us to know about your youth?

Emergency Contacts and Phone Numbers

Parent's) Emergency Phone Number _____ Youth resides with _____

Other contact name _____ Phone number _____

Medical Insurance Company & ID# _____

I give permission for my youth, in case of emergency, to be taken to a physician or hospital by emergency personnel. I understand every effort will be made to contact me. If I cannot be reached, I hereby give my permission to the emergency physician to hospitalize and secure proper treatment for my son/daughter.

Parent/Guardian Signature _____ Date _____

Permission for photos and video

Occasionally during the year, we take pictures or video of students and/or classes. Names are never used. Some of these may be included on our parish's website or used for other parish purposes. Do you give permission for us to photograph and publish on the parish website your youth?

Please check one. Yes No

Parent/Guardian Signature _____ Date _____