



2014 – 2015 Holy Martyrs YM Registration Form

Name: _____ Address: _____

E-mail: _____ Telephone Number: _____

DOB: _____ Parish: _____ School: _____ Grade: _____

Father's Name: _____ E-mail: _____

Mother's Name: _____ E-mail: _____

Emergency contact person: _____

Emergency contact #: _____

Health Problems: (allergies, etc.) _____

Would you like to receive informational / event e-mails? _____

Guardians or teens, would you like to be contacted as a volunteer for special events? _____

Video and still photographs may be taken during events. They may be used for future promotional efforts and include parish websites. No names will ever be printed. Please initial one box:

I grant permission for my child to participate in the video and/or still photographs. No names will be printed.

I do **NOT** grant permission for my child to participate in the video and/or still photographs.

Signature of Parent/Guardian: _____ Date: _____

**Please return Registration Form into the
Office of Holy Martyrs Youth Ministry**

OFFICE USE ONLY

Date Received: