

2024-2025 HOLY SPIRIT HIGH SCHOOL YOUTH GROUP REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Teen email: \_\_\_\_\_

Youth Cell Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Email: \_\_\_\_\_

Parents' Cell Phone: \_\_\_\_\_

**Registration Fee is \$40.00. Please make payable to: Holy Spirit Church. (Includes YG shirt)**

Parish with which your family is registered: \_\_\_\_\_

**Youth Mass is every Sunday at 11:45 am.**

Do you play an instrument? \_\_\_\_ If yes, what do you play? \_\_\_\_\_

Would you be interested in joining our youth choir? \_\_\_\_\_

Would you be interested in reading at Mass? \_\_\_\_\_

Would you be interested in being an usher for Mass? \_\_\_\_\_

We communicate through the GROUPME app. To make sure you know what is going on, we suggest your teen install this app on his/her phone! Mrs. Lai will add their cell phones to the youth group groupme. (Teens only, adults may follow our group on facebook (Holy Spirit Youth Huntsville Youth Ministry Page) or on Instagram (hsyghsv)

Name \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

**Optional:**

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage are as follows: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional Instruction:**

Do not give non-prescription medication of any kind to my child without my express permission.

Exceptions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergic Reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Special Dietary Considerations: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_ You should be aware of these special medical or psychological conditions of my child: \_\_\_\_\_

**Media Release and Authorization (Form PR-1)**

I understand that by signing this Media Release and Authorization I hereby grant authority to Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers for the use of any videos, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service or promotional announcements.

I also hereby release Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers from any claims that may be made by me based upon use of this material.

This Release and Authorization form is for media interviews, video recording, and photography, web-posting or similar items used publicly (including parish or school bulletin boards, mailings, web-pages and other publications)

Parent/Guardian Signature: \_\_\_\_\_

**CODE OF CONDUCT**

I hold that my child will conduct him/herself in a proper manner and use appropriate language. Failure to abide by standard code of conduct may cause my child to be dismissed or suspended from Youth Group activities.

Parent/Guardian Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_