Holy Spirit Middle School

for 6th and 7th grades

Youth Group 2026-2027

WHO: All middle school students (6th- 8th grade)
WHAT: Dinner is served*, fun, games, prayer, and sessions based on the Catholic faith!
WHERE: Holy Spirit Youth Room (Enter through youth room doors on veranda facing soccer field)
WHEN: Twice a month on Thursdays from 5:15-7:00 pm.
RSVP for dinner count by Mondays before YG.

$40
Annual fee covers activities, meals, & t-shirt. Please attach payment to registration forms attached. Make checks payable to Holy Spirit Church.

Questions?

Contact Lori Lai, Youth Director
youthministry@holyspirithsv.com
256-881-4781 Ext. 399 Office
256-642-9508 Cell-
feel free to text

MS YG 2026-2027 DATES**

September 3rd & 24th
October 1st & 29th
November 12th
December 10th Christmas Party
January 14th & 28th
February 11th & 25th
March 4th
April 8th End of Year Party

***If your child has food allergies, please send food with him/her or have him/her eat at home.**
****Meetings subject to change due to scheduling or weather.**

2026-2027 HOLY SPIRIT Middle School (6th-8th)

YOUTH GROUP REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____ Adult 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.

Please follow our group on Facebook (Holy Spirit Youth Huntsville Youth Ministry Page) or on Instagram (@hsyghsv) for any changes in scheduling

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: _____