



Holy Spirit Middle School for 8th Grade 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: 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

**Wednesday nights are part of the 8th Grade
Confirmation curriculum and supported by
our youth group as well.**

September 9th

October 21st

November 18th

December 16th

January 6th

February 3rd

March 10th

***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: _____