Holy Spirit
High School Youth Group

Join us for food, fellowship, and fun!

Sundays 5:30-8:00pm in the
Holy Spirit Youth Room
Dinner served at 6:00pm

$50 annual fee covers meals, activities, and t-shirt

For more information, contact Mrs. Lai
256-881-4781 ext. 399
256-642-9508
llai@holyspirithsv.com

2026-2027 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 $50.00. 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: _____