

Our Lady of Grace Youth Ministry

Student Registration 2017-2018

Our Lady of Grace Catholic Church, 6 Roosevelt Blvd., Beverly Hills, FL 34465 – Phone 352/746-2144

STUDENT NAME: _____ Today's Date: _____

FIRST MI LAST
AGE _____ Date of Birth ____/____/____

SCHOOL: (Students must be in 6th grade or above to participate)

___ St JP II ___ 7 Riv.Presb. ___ CSMS ___ LMS ___ CRMS ___ IMS ___ Home schooled ___ Out of school
___ LHS ___ CRHS ___ Citrus ___ Trinity HS ___ College ___ Other _____

Special talents, gifts, interests: _____

HOME PHONE _____ **Cell** _____ **E-mail** _____

HOME ADDRESS: _____

City: _____ **ZIP:** _____

MAILING ADDRESS (if different from above):

Parent/Guardian _____ **Relationship** _____ (mother/father/other)

Address: ___ Same as Student OR: _____

Phone: ___ Same OR: _____ **Cell:** _____

E-Mail: _____

Parent/Guardian _____ **Relationship** _____ (mother/father/other)

Address: ___ Same as Student OR: _____

Phone: ___ Same OR: _____ **Cell:** _____

E-Mail: _____

PLEASE LIST ANY ALLERGIES OR SPECIAL MEDICAL CONDITIONS:

In Case Of Emergency Contact _____ **Relationship** _____

Phone _____ **Cell** _____

PARENT PERMISSIONS (for youth under 18)

Student listed above has my permission to participate in the activities of Youth Ministry.

Signed _____ Date _____

Parent/Guardian

Photos of Student listed above in youth group activities may be used in church bulletins and in publicity promoting youth group activities.

Signed _____ Date _____

Parent/Guardian



Our Lady of Grace
Youth Group