

Our Lady of Pity/ Saint Anthony of Padua Youth Group Membership Form

I, _____, grant my child, _____, permission to be a member of Our Lady of Pity/ Saint Anthony of Padua Youth Group/ PTAF (Pallottine Teenage Federation).

My child, _____, will be allowed to participate in all Youth Group functions including but not limited to community service, outreach programs, retreats, fundraisers, and outings.

I hereby consent to the taking of photographs, movies, videos and any medium of me or my child(ren) to be used on the parish/ youth group website or Facebook. I hereby grant the right to edit, reproduce, use or release said images for all purposes.

X

Parent/ Guardian Name

X

Parent/ Guardian Signature

Date

Youth Group Member Information Sheet

Member Name-_____ Grade-_____ Age-____

Address- _____

Phone Number-_____

Parent/ Guardian Contact Information

Name-_____ Contact Number-_____

Email-_____ Alternate Number-_____

Name-_____ Contact Number-_____

Email-_____ Alternate Number-_____

Emergency Contact

Name-_____ Contact Number-_____

Relationship-_____

Please list any pertinent allergies or medical information-
