



**St. James Parish**  
89 Main St. S. Grafton, MA 01560

**St. Mary Parish**  
17 Waterville St., N. Grafton, MA 01536

**St. Philip Parish**  
12 West St., Grafton, MA 01519

## Family Registration Information

**\*\*To Be Completed by the Parent/Guardian\*\* PLEASE PRINT CLEARLY**

Parent/Guardian Names \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Child(ren)'s Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_  
Mother/Guardian – Cell (\_\_\_\_\_) \_\_\_\_\_ Father/Guardian – Cell (\_\_\_\_\_) \_\_\_\_\_  
Mother/Guardian-E-mail \_\_\_\_\_ Father/Guardian –E-mail \_\_\_\_\_  
Home Parish: \_\_\_\_\_

### ---Emergency Contact Information---

In case of an EMERGENCY, please provide us with the following information:

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Pediatrician's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

### ---Health Information---

Please Indicate any Allergies, Special Needs, and/or Medical Conditions for:

Child's Name: \_\_\_\_\_ Allergies/Special Needs/Medical Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies/Special Needs/Medical Conditions: \_\_\_\_\_

### ---Participant Release and Authorization---

I give [name of child(ren)] \_\_\_\_\_ permission to attend Grafton Youth Group (GYG) activities and events. Should my child(ren) require immediate or emergency medical care while engaged in an activity sponsored by the GYG, in my absence, I hereby grant the GYG authority to release my child(ren) for medical treatment to such medical personnel as the GYG authorities determine appropriate under the circumstances. I understand that my child(ren) may be photographed or recorded on video during the course of youth ministry events. By initializing below, I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future retreats and youth group activities.

Initials of Parent/Guardian: \_\_\_\_\_

**In consideration for the privilege of allowing my child(ren) to participate in the activities and events of the GYG, I agree to release and hold harmless the GYG and Catholic Churches of Grafton, its officers, agents, and volunteers from any liability to or responsibility for bodily injury, damage or illness to the above-identified child(ren) while participating in any youth activity which may be directly or indirectly sponsored by the GYG. Further, I agree to indemnify and hold harmless the GYG, its officers, agents, and volunteers with respect to any claim asserted by or on behalf of my child(ren) as a result of bodily injury, illness, or damage.**

**PLEASE READ CAREFULLY, THIS PERMISSION SLIP IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY AND INDEMNIFICATION.**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### ~For Office Use Only~

Event: \_\_\_\_\_ Amount of Payment Received: \_\_\_\_\_ Received/Reviewed By: \_\_\_\_\_