

St. Patrick Parish Youth Group Registration 2024-2025 School Year

Student Information Student Name: _____Student Grade: _____ Known allergies/medical conditions: **Emergency Contact Information:** Emergency Contact Name: _____ Emergency Contact Relation to Student: Emergency Contact Phone Number: _____ Emergency Contact E-mail: **Parent Information:** Father's Name (Last, First): _____ Mother's Name (Last, First): Maiden Name: _____ Home Address: City and Zip Code: Father's Cell: _____ Mother's Cell: ____ Best E-mail address:



(Parent information is primarily sent through email each week so please provide the best email address to reach you.)

Media Relations/Promotions Release

I (we) give my (our) permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. I/we agree that my/our signature below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).

I have read the above terms and conditions Parish permission accordingly.	of the Media Relation	s/Promotions Release and give St. Patrick
MEDIA RELATIONS/PROMOTIONS RELEASE	☐ GRANTED	☐ DENIED
Walking Field Trips		
I hereby give permission to St. Patrick Parish	h for my child(ren) to p	participate in local walking field trips.
LOCAL FIELD TRIP RELEASE	☐ GRANTED	☐ DENIED
Parent Signature:		Date:

