

Y.E.S. Youth Registration

Parish _____

June 13th-15th, 2019

Name _____ Date of Birth _____

Address _____ Phone _____

Email Address _____

School _____ Grade completed in 2018-19 _____

Physician _____ Dentist _____

Allergies _____

T-Shirt Size Small Medium Large XL 2XL 3XL

Parent/Guardian Names _____

Phone Number (s) _____

Email Address _____

Emergency Contact Name & Number _____
(other than a parent)

Medical Release

In case of a medical emergency, the adults at Y.E.S. will try to contact the parents/guardians immediately. I hereby give permission for my child, _____, to be evaluated and treated until the time I can be reached.

Insurance Company _____

Policy Number _____ Group Number _____

Parent/Guardian Signature _____ Date _____

Y.E.S. Permission Form

I give my permission for _____ to participate in Y.E.S. conducted under the auspices of St. Mary and St. John Catholic Churches.

Parent/Guardian Signature _____

Media Release

During the Y.E.S. weekend, pictures are taken of teams, youth, worksites, and activities. These pictures are used for publicity purposes and may be released to The Crescent News. I give permission for pictures, which may include my child, to be used in the promotion of Y.E.S.

Parent/Guardian Signature _____ Date _____

****Please note: registrations must be received by May 31st - However, registration may be closed unexpectedly by the Y.E.S. Core Team at any date so please register early. Thank you!***

**Please return completed application with the \$30 registration fee to either parish office:
St. Mary Parish Ministry Center, 715 Jefferson Ave. or St. John Parish Office, 510 Jackson Ave.
(Make checks out to St. Mary Catholic Church with "Y.E.S. project" in memo line)**