



Archdiocese of Regina

Child or Youth Registration Form

Participant's Name (First and Last): _____

Participant's Address: _____

Participant's Hospitalization Number: _____

Phone: _____ Cell Phone: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Address (*if different than above*) _____

Parent(s)/Guardian(s) Contact Phone: _____

Phone number in the event you need to be contacted during the event:

Emergency contact if you cannot reached: _____

Emergency contact phone number: _____

List any Medical Concerns or allergies:

Does the participant carry an epipen? Yes No

If yes, where does he/she carry it? _____

List any other concerns that would be applicable.

Parent/Guardian Consent

I give my permission for _____ (*name of applicant*) to attend the _____ (*name of activity*) at _____ (*name of parish/location*) and I take responsibility for him or her. I understand that she//he is to participate in the above stated activity.

I certify that the information provided on this registration form is true and complete. I understand that this information will remain confidential and is the property of the Parish. As well, I understand the applicant's name and phone number will be given to the personnel involved in the activity.

I also understand that _____ (*name of applicant*) will remain at the entire activity until I or my designate, as indicated below, picks up the applicant.

I understand the contents of this registration form.

Print Name: _____ Phone: _____

Relationship to applicant: _____

Signature: _____

Date: _____

- Yes I will be pick up my child.
- My child will be retrieved by _____ (*name of individual*)

Parent/Guardian Signature _____.