

**St. Maximilian Kolbe Parish
Youth Group/Confirmation
2020-2021 Registration**

Is your family currently registered at St. Maximilian Kolbe? ___ Yes ___ No**

Youth's Information:

1) Name: _____ Birth Date: ____/____/____ Age: _____ Grade: _____
2) Name: _____ Birth Date: ____/____/____ Age: _____ Grade: _____
3) Name: _____ Birth Date: ____/____/____ Age: _____ Grade: _____

Street: _____

City: _____ Zip Code: _____

Home Phone #: _____ 1) Teen's cell phone # _____
2) Teen's cell phone # _____
3) Teen's cell phone # _____

Will your teen be in Confirmation Class? Year 1: _____ Year 2: _____

All teens registered in Confirmation Must Attend Youth Group and it's activities

Parent's Information:

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City: _____ Zip: _____ City _____ Zip: _____
Home Phone #: _____ Home Phone #: _____
Cell#: _____ Cell #: _____
Email: _____ Email: _____

Emergency Contact other than Parents:

Name: _____ Relationship to Child: _____
Address: _____
City: _____ Zip: _____
Phone # _____ or _____

**In case you cannot be reached in case of an emergency.

Allergies or Medical Conditions: (please list)

Parent Signature: _____ **Date:** _____

**** Please complete and sign the attached forms also:**

- Consent, Release of Liability and Indemnification Form
- Authorization for Release and Use of Student Image
- Medical Authorization for Minor