

St. Peter The Fisherman Youth Group Registration

31300 Overseas Hwy, Big Pine Key FL 33043 Office: 305.872.2537

Child's Information

Full Name: _____

Date of Birth: _____

Gender: Male ____ Female ____

School Name: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact (if different from above)

Name: _____

Relationship: _____

Phone Number: _____

Medical Information

Please list any allergies, medications, and/or any special needs that we should be aware about:

Permissions & Acknowledgments (please check all that applies)

☐ I give permission for my child to participate in all youth group activities

☐ I authorize emergency medical treatment if I cannot be reached

☐ I allow photos/videos of my child to be used for youth group promotions

☐ I would like to volunteer as a chaperone during events

Please return this form to our parish office or scan and email to **Donna** at

donna@stpeterbpk.org. Thanks!