St. Peter **Youth Group** Registration Form

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:_____ Grade: ____

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 of:

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.

Date submitted: _____

Please return this form to the parish office or via email to our Youth Director, Mr. Ian Eubanks, at varangianrus1183@gmail.com or text him at **(239) 450-8258.** Thank you!