

WEEK OF SERVICE PERMISSION SLIP

St. Jude Parish, Mountain Top PA

Youth Registration Form

Name of Participant: _____

Participant's Date of Birth: _____

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

Address of Parent(s) / Legal Guardian(s): _____

Parent Phone Number _____ _home _____ _cell _____ work

Student cell phone number _____

Medical Information

Family Physician: _____

Phone Number of Physician: () _____

Allergies:

Current Medications: _____

Medical History: _____

In the case of an emergency, please contact:

Name:

Phone Number(s):

T-Shirt size _____ **adult small** _____ **adult medium**

_____ **adult large** _____ **adult x-large** _____ **adult xx-large**

This entire page and the Hold Harmless Agreement must be **completed and legible** for each youth to participate in the Week of Service. These forms and \$20 are due Wednesday 26, 2017. Thank you.