

**CORPUS CHRISTI PARISH**  
**605 Luzerne Ave**  
**West Pittston, PA 18643**  
**Phone (570) 654-2753 Fax (570) 654-9244**

**Youth Group Registration & Permission**

I give permission for my child to participate in all activities of the CORPUS CHRISTI PARISH Youth Group, whether at the parish facilities or away from parish facilities. I understand that all such CORPUS CHRISTI PARISH Youth Group activities will be sponsored by CORPUS CHRISTI PARISH or the Youth Group, and that all activities will be supervised by adult representatives of the Parish.

I understand that my child may be in vehicles driven by members or staff of CORPUS CHRISTI PARISH. I will not hold CORPUS CHRISTI PARISH or its members liable in any way for any injury sustained. I also give my permission for those adults in charge to obtain any medical care they feel is necessary for my child.

It is my intention that this permission should be effective and valid for the entire year from October 2014 until the next organizational meeting of the CORPUS CHRISTI PARISH Youth Group in October 2015.

**Name of Student:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Pa** \_\_\_\_\_

**School** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Student E-mail** \_\_\_\_\_

**Please list any pertinent allergy or medical information that relates to your child's health.**

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**Parent/Guardian Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Date:** \_\_\_\_\_