



SAINT MATTHEWS YOUTH GROUP

For 6th thru 12th Graders

Registration Form for the 2009-2010 School Year

Meetings vary to accommodate service projects, but when possible will be from 5–7 PM on Sunday evenings. Please regularly check our website www.matthew1893.org for updated news and event scheduling. Most communication will be via email, so if possible please give an email address for both a parent and the youth group member if available.

To participate in Youth Group, please complete this form with your parent/guardian and either bring to the next Youth Group Meeting, or send it to Lucy Templeton at: Saint Matthews Episcopal Church, 36 Norwood Road, Charleston, WV 25314.

Your Name:			
Date of Birth:			
Address:	Street:		
	City:	Zip:	
Home Telephone:	()	-	
Parent's Contact Cell Phone:	()	-	Mother / Father
Your Cell Phone if applicable:	()	-	
Parent's Email Address:			
Your Email Address:			
Can you or your parents regularly check the Youth Group Website? (If no, we will update you by phone)	NO / YES		
Do you attend Saint Matthews?	NO / YES		
If no to above, is there someone you know in youth group? (we want to make sure you feel welcome)	Name(s):		
Do you have any medical conditions or allergies we should be aware of?	NO / YES – please give full details on back of form		

I give authorization for my child to participate in Saint Matthews Youth Group. I also authorize the use of any suitable photo or video image of my child to be used for church publicity purposes such as on our website, in publications or on bulletin boards. Saint Matthews Episcopal Church has my permission, in an emergency when I (or my child's physician) cannot be contacted, to seek emergency medical care at the nearest emergency room. The hospital and its medical staff have my authorization to provide any treatment, which a physician deems necessary for the well being of my child.			
Child's Physician's Name & Phone:	() -		
Parents Name:			
Sign and date:	/ /		