



# Youth Helper Registration

7th Grade and Older

Fill in this form, detach and return. Keep the top portion details on reverse.

Youth's Name \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Grade Next School Yr. \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Affiliation if any \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

Emergency Contact/Cell #'s \_\_\_\_\_

Child received the Sacrament of First Eucharist:    yes     no

Areas Interested in volunteering for \_\_\_\_\_

**(Cost: fee not required, donations made will be used to offset cost of food/supplies \$15 1st child, \$10 2nd, \$5 each additional child from immediate family)**

### Medical Release:

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, authorize a representative of St. Joseph Catholic Church to consent in any emergency situation to any x-ray exam, lab test, anesthetic, medical or surgical procedure or hospital care required on the above minor while in their custody and for which I am unable to be reached to provide consent. Such care must be recommended by and performed under the supervision of a physician licensed to practice medicine in the state of Washington. Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_