

Ste Genny's YOUTH

The information on this form will be used at the discretion of the Youth Leader in case of emergency only. Please complete form and return to the group Leader by the scheduled date in order for your child/youth to participate in the activity described below.

Name of Activity: _____
Date (s): From _____ to _____
Time of arrival _____ Departure: _____
Location: _____
Transportation: _____

Name _____ Last Name _____ Given Name _____	Birth Date _____ Year/Month/Day
Address _____ No. Street _____ Apt. No. _____	Phone: _____ Home() _____ - _____
City _____ Province _____ Postal Code _____	

Custodial Parent or Guardian _____ email _____
 _____ Phone: Home () _____ - _____
 Surname _____ Given Name _____ Bus. () _____ - _____
 Address (if different from above) _____

 No. Street _____ Apt. No. _____

 City Province _____ Postal Code _____

If the above are unavailable in an emergency, please notify:		
_____	Phone: Home () _____ - _____	_____
Surname _____ Given Name _____	Bus. () _____ - _____	
Address (if different from above) _____		

No. Street _____	Apt. No. _____	

City _____	Province _____	Postal Code _____

Medicare No.: _____ Expiry date: _____
 Subscriber's Name: _____
 Family Doctor _____ Phone (____) _____ - _____
 Are there any allergies or health concerns that the staff should be aware of?

I give permission for my son/daughter to attend the above listed activity.

 Signature of Participant (or custodial parent/guardian if participant is under 18) Date: _____

Contact Information:
 E-mail Lisa Byer-de Wever at sgyouth@stegennys.org
www.stegennys.org/youth.html