All Saints Parish Youth Group
2021 - 2022 Contact/Emergency Information Form

FAMILY NAME:_____

ADDRESS: _____
Street City Zip

MOTHER_____ **FATHER**_____

HOME PHONE _____ **CELL PHONE**_____

EMAIL (Parent) _____

EMAIL (Youth) _____

GUARDIANS (if not mother & father listed above)_____

In Case of Emergency Contact:

1. **Name:** **Phone:** **Relationship to youth:**
2. **Name:** **Phone:** **Relationship to youth:**
3. **Name:** **Phone:** **Relationship to youth:**
4. **Name:** **Phone:** **Relationship to youth:**

YOUTH NAME _____

Birthdate_____/_____/_____ **GRADE (2021-22)** _____ **SCHOOL**_____

YOUTH NAME _____

Birthdate_____/_____/_____ **GRADE (2021-22)** _____ **SCHOOL**_____

YOUTH NAME _____

Birthdate_____/_____/_____ **GRADE (2021-22)** _____ **SCHOOL**_____

Is there anyone who is NOT allowed to have contact with our pick up your high school youth/child? Yes / No If yes, please list name and information:

Allergies Yes / No List:

Parent/Guardian Printed Name: _____

Signature: _____ **Date**: _____