

**St. Katharine Drexel Parish**

P.O. Box 180 Wolfeboro, NH 03894

603-875-2548

[gertrudenh@metrocast.net](mailto:gertrudenh@metrocast.net)

**Youth Night Registration  
2018-2019**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Family email: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**Medical Forms**

If your child needs an EpiPen®, inhaler or other medical equipment on hand during a session or event, please speak with Gertrude Hammond.

**Emergency Contact Information**

List the phone number best to use if we need to contact you during a lock-in: \_\_\_\_\_

If we are unable to reach you in an emergency, whom should we contact instead?

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Photograph Permission**

Photographs are sometimes taken during youth group meetings. They are displayed publically; e.g., on the church website, in the newspaper, in a brochure, on bulletin boards, etc. and used to keep the community aware and informed of events and activities.

\_\_\_\_\_  
Signature of parent or legal guardian Date

If photographs may not be used please send a letter with your registration.

**Permission**

My signature below gives permission for my child to participate in the Junior High Lock-Ins.

\_\_\_\_\_  
Signature of parent or legal guardian Date

If you are interested in volunteering, whether it's to spend the night, help with food, etc., please email contact information and dates available to Gertrude [gertrudenh@metrocast.net](mailto:gertrudenh@metrocast.net) All help is greatly appreciated.