

SHOCK Registration 2016-2017

Student Name _____ Cell Phone _____

Student Email _____ Can we Text you? _____

Student Grade _____ Student School _____ Date of Birth _____

Interest/Hobbies/activities _____

Medical concerns/Allergies _____

Social Media: Facebook Instagram Twitter Name: _____

Parent Name _____ **Cell Phone** _____

Parent Name _____ **Cell Phone** _____

Parent/family Email _____ Can we text you? _____

Speaks: English Spanish both

Address: _____ City: _____ Zip Code: _____

PARENTS ONLY SECTION

I give consent for my child to participate in student activities with Sacred Heart _____ initial

I give consent for youth leaders to text my child about youth related activities _____ initial

Youth leaders may contact my student via social media about student activities _____ initial

Pictures can be taken of my child and used to publicize events _____ initial

My student can ride in a vehicle with adults that are over the age of 25 and have completed the ethics and integrity training, background check and have agreed to the code _____ initial

Parent Signature: _____ Date: _____

Youth Name: _____ Date _____