

**St. Martha & St. Mary Youth Ministry
2018 Fall Retreat
Registration Form**

**10am November 10th – 12pm November 11
Sacred Heart Retreat Center – Wareham, MA**

Youth Information

First Name: _____
Last Name: _____
Birth Date: _____ Current Grade: _____
Gender: Male/Female T-shirt Size: _____ (adult sizes)
Youth Email Address: _____
Home Phone: _____
Youth Cell Phone: _____
Address: _____
City, State, Zip: _____
Parish you belong to: St. Martha / St. Mary / Other: _____
Food Allergies or Preferences (Gluten-free, vegan, etc.): _____
Health Insurance: _____ ID Number: _____

Medical Allergies: _____

Date of Last Tetanus Shot: _____

- I hereby grant permission to St. Martha/St. Mary Parishes to use my child’s photograph(s) on its Web site or in other official church printed publications without further consideration.
- I do not grant permission for St. Martha/St. Mary Parishes to use my child’s photograph.

Primary Adult Contact Information

First Name: _____
Last Name: _____
Email Address: _____
Home Phone: _____
Cell Phone: _____
Address if different from Youth: _____
City, State, Zip: _____

Parent Signature: _____