

**John Paul II Cool Disciples Group (C.D.G.)**  
**Registration Form (Grades 10-12)**

Youth's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Youth's E-mail Address: \_\_\_\_\_

Youth's Cell Phone Number (if applicable): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent's E-mail: \_\_\_\_\_

Cell Number(s): \_\_\_\_\_

I would like to be communicated by: e-mail \_\_\_\_\_ Phone: \_\_\_\_\_

The information below is confidential to those involved in running the youth group. Does your young person have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem or any other reason?(Please explain) \_\_\_\_\_

Describe any allergy, chronic illness or other conditions: \_\_\_\_\_

Does your young person take any medications? No \_\_\_\_\_ Yes \_\_\_\_\_

List \_\_\_\_\_

**In case of emergency, please contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

My youth has been baptized in the \_\_\_\_\_ Roman Catholic Church

\_\_\_\_\_ Other, (please specify) \_\_\_\_\_ or Not Baptized

## Volunteers

Parent and Adult Volunteers are an important part of the Youth Ministry. As you know the teen years can be a difficult time in a young person's life. They need the support of their peers, their church and especially their parents and family! We would appreciate any time you can give to the ministry. The more you are involved in your faith, the more your young people will see the importance of their own faith. **Can we call on you \_\_\_\_\_ once or \_\_\_\_\_ more often during the year?** Is there something specifically, you are interested in?

\_\_\_\_\_ music/dance \_\_\_\_\_ social activities \_\_\_\_\_ gym \_\_\_\_\_ transportation  
\_\_\_\_\_ movie nights \_\_\_\_\_ other, specify \_\_\_\_\_

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## Photo Release Statement

Youth may be photographed and/or videotaped anytime during Youth Group activities and events. The resulting photographs and/or videotaped footage may be edited, if necessary and then published and/or broadcast for the purpose of promoting the Youth Program in the Archdiocese of Charlottetown.

\_\_\_\_\_ I hereby grant permission for my youth to be photographed and/or videotaped.

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ I hereby decline to grant permission for my youth to be photographed and/or videotaped.

Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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Thank you for taking the time to fill out this form. It will help us to serve your youth better. If you have any questions or concerns please feel free to contact us. Louise Doucette (Mrs. D.) 394-0681 or Lori Ann MacFarlane 964-3222.