

St. Margaret of Scotland Catholic Church

LIFT - Youth Group

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Please print or type

Teen's Name: (first) _____ (last) _____

Home Phone: _____ Date of Birth: _____

Mobile Phone: _____ Can we send youth group texts to this phone? (Y or N) _____

Street Address: _____

City: _____ Zip: _____

Teen's e-mail address (if checked periodically): _____

School: _____ Grade in 09/10: _____

PARENT/GUARDIAN INFORMATION

Custodial Parent(s): _____ Home Phone: _____

Address if different from above: _____

E-mail address: _____ Mobile Phone: _____

Non-custodial Parent (s): _____ Home Phone: _____

Address: _____

E-mail address: _____

EMERGENCY CONTACT NUMBER *(In event we can not reach parent/guardian at the above numbers.)*

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Any medical issues we should be aware of?

Any allergies to medications, foods, etc.? Please specify

_____ I give permission to photograph my teen for use in St. Margaret's publications.

(Parent Signature)

(Date)