



**ST. MARGARET MARY'S  
PARISH  
MERRYLANDS**  
(under the pastoral care of the Pauline Fathers)  
Parish Office: 1-5 Chetwynd Rd, PO Box 757  
Merrylands NSW 2160  
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ABN 39 804 880 719



**Youth Group registration form**

Please tick which group:      Juniors (5yrs-12yrs)        
                                                  Teenagers (13yrs-18yrs)     

***Participant Details***

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

***Parent Communication (WhatsApp Group)***

I consent to being added to the parents' WhatsApp group to receive updates regarding meetings, activities and events.

Yes       No

***Emergency Contact***

Emergency Contact Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Medical Information***

Does the participant have any medical conditions, allergies, asthma, dietary requirements or additional needs we should be aware of?

No     Yes — please provide details below:

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Is the participant currently taking medication that may need attention during youth group activities?

No     Yes — please provide details below:

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**Medical Consent**

I give permission for my child to participate in St. Margaret Mary's Youth Group activities. In the event of illness or injury, I authorise the priests, parents, and leaders to seek medical treatment if required and contact emergency services if necessary.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo & Video Permission**

I give permission for photos/videos of my child to be used for parish social media, newsletters and promotional material.

Yes     No

Parent/Guardian Signature: \_\_\_\_\_

**Parents and Child/Teen Agreement**

I confirm that I have read this information with my son/daughter, and we understand that all participants are expected to:

- Treat others respectfully
- Follow the priests, parents and leaders' instructions
- Behave safely during activities

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_