

**SAINT ANSELM YOUTH ACTIVITIES- 2009/2010 REGISTRATION YEAR**  
**TEEN CLUB REGISTRATION**

PLEASE PRINT ALL INFORMATION:

NAME OF CHILD: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT/GUARDIAN E-MAIL ADDRESS \_\_\_\_\_

Was your child in Teen Club last year: YES: \_\_\_\_\_ NO: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

PLEASE LIST ANY MEDICAL OR PHYSICAL CONDITIONS YOUR CHILD MAY HAVE WHICH MAY AID US IN OUR RESPONSIBILITY FOR YOUR CHILD IN THIS ACTIVITY:

\_\_\_\_\_

PERSON TO CONTACT IN AN EMERGENCY

NAME 1: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE NO (DAY): \_\_\_\_\_ NIGHT: \_\_\_\_\_

NAME 2: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

TELEPHONE NO (DAY): \_\_\_\_\_ NIGHT: \_\_\_\_\_

**In consideration of my child \_\_\_\_\_ participation in the ST. ANSELM TEEN CLUB, I, the undersigned, waive all claims for damages I may have against St. Anselm for any and all injuries suffered by my child. I attest that my child is physically fit for participation, and his/her physical condition has been verified by a licensed doctor. I am aware that children who do not behave or are disruptive will be expelled from the program. No refunds will be given after October 15th.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

The St. Anselm Youth Council requires that parent of children enrolled in an activity give service to our programs. When an activity is over-enrolled, we reserve the right to give preference to those children whose parents are willing to give service to that activity. Please indicate the service you wish:

In order to properly register your child for St. Anselm Teen Club  
Please indicate which dates you will chaperone:

CHAPERONE Date 1 \_\_\_\_\_ DATE 2 \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

FEE RECEIVED BY: \_\_\_\_\_ CHECK: \_\_\_\_\_ CASH: \_\_\_\_\_

