



Our Lady of the Prairie

Grades 9-12 Youth Group Registration

2026-2027



Family Last Name _____

Parent/Guardian Info

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Street Address _____

City/State/Zip _____

Email Address _____

Emergency Contact _____ Relationship _____

Phone # _____

Student Info

First Middle Last Name	Grade	Allergy concerns or learning difficulties
1.		
2.		
3.		
4.		

**Please note that some future activities may incur a small fee, which everyone will be made aware of beforehand.*

Parent/Legal Guardian Permission

My child(ren) have permission to be involved with the Our Lady of the Prairie Religious Education Program under the direction of its leadership. If a medical emergency occurs, I hereby give permission to transport my child(ren) to a hospital for emergency medical treatment as needed. I understand that I will be notified as soon as possible for any emergency concerning my child(ren).

Parent/Guardian Signature _____ **Date** _____