Nativity of Our Lady Youth Group Faith. Friendship. Service.

Dear Parents/Legal Guardians,

Nativity Youth Group is getting ready to kick off its new year!! I hope your child will continue to play an active role in its success, OR if your child has not yet joined, that they will consider doing so this year! We will be getting a new t-shirt this year so registration will be \$15 per person.

To be a member of Nativity of Our Lady Youth Group, teens

- ✓ must be in 7th-12th grade
- ✓ pay the registration fee of \$15 for their new t-shirt
- ✓ fill out the 2018-2019 Info & Consent form

Although teens attend weekly classes that teach them about their Catholic faith (which is an important foundation), the Youth Group gives them the opportunity to put their faith in action & grow in their own personal relationship with Jesus Christ.

Youth Group Members are encouraged to participate in about 2-3 events per month but are NOT required. However, more time & effort put forth, does have its rewards. The past years, Nativity has been able to give substantial retreat discounts to the teens who served the most. Also, let's not forget that God rewards in His own way!

Please feel free to contact us if you have any questions or concerns!

Email: nativityofourladyyouthgroup@gmail.com

Office phone: 337-365-3759

Sincerely,

Nativity of Our Lady Youth Minister

Follow Nativity of Our Lady Youth Group on **Instagram** & Like us on **Facebook** at www.facebook.com/nativityyouth

*Please make checks payable to "Nativity Youth Group".

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Information & Consent Form

2018-2019

(Write N/A if not applicable)

Office Use Only:	
Check # Cash	
Date Paid	

Participant's Name:	Birthday: _	Grade
Home Address:		
T-shirt size:	City	State Zip
Want Youth Group reminders via text? Yes or N	Nο	
Cell Phone:		
Participant's email address		
•		
Father's Name/Legal Guardian:		
Emergency Contact Number:		
Email Address:		
Cell Phone:	10	
Mother's Name/Legal Guardian:		
Emergency Contact Number:		
Email Address:		
Want Youth Group reminders via text? Yes or N	No	
Cell Phone:		
Medical Information:		
Known Allergies (food, environmental, drug, etc):		
Current medications/prescriptions:		
I,, give permission for i	my child,	, to
participate in Nativity of Our Lady Youth Group.		
encourage & transport my child to & from youth g		
Legal Guardian's Signature:	Date:	
As a parent/legal guardian, I am interested in: (Please check a	II that apply)	
 Donating food for a Youth Night 		
 Cooking/delivering food for a Youth Night (will be reim 	bursed from receipts)
Being a Volunteer Driver to/from events		
Chaperoning Retreats/Conferences Helping with Service Projects		
 Helping with Service Projects 		

O Helping to plan/organize events for the Youth Group

o Participating with my child in team building activities

Helping with Christian banners