

MMOG HSCYO Signup Form

Today's Date _____

Name (First, Last) _____

Street Address _____

Town, State, Zipcode _____

Parent/Guardian #1 Name (First, Last) _____ Would like to help HSCYO YES NO (circle one)

Parent/Guardian #2 Name (First, Last) _____ Would like to help HSCYO YES NO (circle one)

What do you like to be called (nickname?) _____

Your Birth Date (MM/ DD/ YYYY) ____ -- ____ -- ____

What high school do you attend? HHS - Other _____ (circle one)

Graduation Year _____

Are you a parishioner of MMOG? YES / NO (circle one)

Top 3 Interests (Sports, Hobbies, pastimes, etc)

#1 _____

#2 _____

#3 _____

Do you play an instrument? YES / NO (circle one)

If so, what instrument(s)? _____

Contact Information:

Home Phone (908) _____

Cell #1 (your cell #) (including area code) _____

Cell phone provider? Verizon, TMobile, AT&T, Other _____ (circle one)

Okay to receive Test Messages to cell#1? YES / NO (circle one)

Cell #2 (Mom / Dad / _____)

Cell phone provider? Verizon, TMobile, AT&T, Other _____ (circle one)

Okay to receive Test Messages to cell#2? YES / NO (circle one)

Cell #3 (Mom / Dad / _____)

Cell phone provider? Verizon, TMobile, AT&T, Other _____ (circle one)

Okay to receive Test Messages to cell#3? YES / NO (circle one)

Email Address #1 - Member _____

Okay to receive regular messages to email #1? YES / NO (circle one)

Email Address #2 _____

Okay to receive regular messages to email #2? YES / NO (circle one)

Email Address #3 _____

Okay to receive regular messages to email #3? YES / NO (circle one)

Medical Information:

Health Insurance Provider _____

Health Insurance ID# _____

Health Insurance Group # _____

Health Insurance under the name of? _____

List all ALLERGIES _____

Medical conditions/limitations we should be aware of _____

Other:

Okay to use your child's photo on website, in newspaper, etc.? YES NO (circle one)

Parent's signature approving photo use _____