



**ST. MARIA GORETTI PARISH**  
**HATFIELD, PENNSYLVANIA**



**LAST SESSIONS For Middle School Teens**

**September 11<sup>th</sup> to October 16th, 2018 7:30 P.M. until 8:30 P.M.**

**COST-\$20.00 FOR RETURN TEENS WITH A BOOK!**

**\$40.00 NEW TEENS. SCHOLARSHIPS AVAILABLE IF NEEDED.**

**REGISTRATION PRIOR TO SEPTEMBER 1<sup>ST</sup> PLEASE!**

**REGISTRATION AND PARENTAL PERMISSION FORM**



**CHOSEN**

THIS IS YOUR CATHOLIC FAITH

Name First: \_\_\_\_\_ Last: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Parish: \_\_\_\_\_ School: \_\_\_\_\_

**This form must be completed and submitted prior to the event for registration.**

I grant my permission for my child, \_\_\_\_\_, to participate in "Chosen" on Tuesday evenings from 7:30 PM to 8:30 P.M. at St. Maria Goretti Parish, 1601 Derstine Rd., Hatfield, PA 19440.

**Teens should arrive between 7:15 PM and 7:30 PM and will be dismissed at 8:30 PM.**

**No one may leave early without parental permission.** Eating a good dinner prior to arrival is recommended.

**If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:**

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to participant: \_\_\_\_\_

Participant's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health Insurance Type: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any conditions, e.g. allergies, or other medical problems which should be called to the attention of chaperones: \_\_\_\_\_. *No medication of any kind will be provided. Please be sure that your child has with them anything necessary for medical reasons and list it here:* \_\_\_\_\_

Knowing that there will be proper supervision, in case of injury, I will not hold St. Maria Goretti Parish, the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives the Archdiocese permission to use pictures / video from the event in which my child may appear for promotions.

Parent/Guardian Name (PRINT) \_\_\_\_\_ Phone: \_\_\_\_\_

SIGNED: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*(Parent or Guardian)*

**Make check payable to St. Maria Goretti Parish with YM in the memo section.**

**Send completed form and payment to**

Maria Richardson, Director of Family Faith Formation, Religious Education and Parish Services  
St. Maria Goretti Parish 1601 Derstine Rd., Hatfield, PA 19440  
Phone: 215-721-6559 Fax: 215-721-4320