

Date: _____

ST MALACHY MIDDLE SCHOOL YOUTH MINISTRY

FROG

Fully Rely On God!

Name: _____

Address: _____

Birthday: _____

Grade & School: _____

Parent(s) Name: _____

Parent Phone Number: _____

Parent email: _____

Emergency Contact: _____

I have filled out a **Medical Treatment Release Form** for my child YES / NO

I have filled out a **Media Consent Form** for my child to be photographed/posted YES / NO

Get updates and meeting reminders by texting MALACHYFROG to 84576