

# MIDDLE & HIGH SCHOOL YOUTH GROUP REGISTRATION

**CONTACT:** Mary Ann Fairbank - Director of Religious Education and Youth  
(303) 988-2222 [maryann@christonthemountain.org](mailto:maryann@christonthemountain.org)



**2023 – 2024 DUE SEPTEMBER 8, 2023**

**YOUTH GROUP REGISTRATION** 6<sup>th</sup> - 12<sup>th</sup> graders participate in a mix of bible study, faith formation, fun and fellowship. Students meet in the JDM Hall on Wednesday evenings from 7:00 – 8:30 p.m. (See calendar for details)

## FAMILY INFORMATION

Parent 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## STUDENT ENROLLMENT

**1<sup>st</sup> STUDENT** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

My student has received the following sacraments: \_\_\_\_1<sup>st</sup> Reconciliation, \_\_\_\_1<sup>st</sup> Eucharist, \_\_\_\_ Confirmation

Special needs/allergies \_\_\_\_\_

**2<sup>nd</sup> STUDENT** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

My student has received the following sacraments: \_\_\_\_1<sup>st</sup> Reconciliation, \_\_\_\_1<sup>st</sup> Eucharist, \_\_\_\_ Confirmation

Special needs/allergies \_\_\_\_\_

## FEES

For special circumstances or **HARDSHIP** please contact Mary Ann Fairbank.

**NON-PARISHIONER fees are doubled\*.**

\$50.00 - 6<sup>th</sup> to 12<sup>th</sup> grade Youth Group  
(helps to cover snacks and consumable supplies throughout the year)

**\*NOTE:** Past participation in Religious Education does NOT automatically register your family with our parish. If you have never filled out our Parish Registration Form, they are available on our website (under the "Participate" tab) or by calling the parish office.

# of Students \_\_\_\_\_ Total  
\_\_\_\_\_ x \$50.00 = \$ \_\_\_\_\_

6<sup>th</sup> to 12<sup>th</sup> grade Youth Group  
(Families with **4 OR MORE** children enrolled in R.E. and/or Youth Group receive a **30%** reduction in fees)

Cash or Check # \_\_\_\_\_

**Total collected** = \$ \_\_\_\_\_

**(Please make checks payable to "COTM". We are NOT able to accept credit cards or digital payments)**



# ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

## ACTIVITY RELEASE FOR MINOR PARTICIPANT

*Return Completed Form to Parish/School/Ecclesiastical Organization*

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the following activities:

Youth Group on site activities including youth choir rehearsals, VBS, Living Stations of the Cross, Viewing PG/PG13 Movies, walks to local restaurants (offsite)

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend Christ on the Mountain Catholic Church, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Christ on the Mountain, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Christ on the Mountain or the Archdiocese of Denver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has the following restrictions and/or allergies: \_\_\_\_\_

\_\_\_\_\_

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_