

# Christ the King Youth Ministry Registration

## 2023-2024 School Year

Christ the King Youth Ministry is a place for our youth to explore what it means to be in a relationship with God through the Church. Through community building, service projects, field trips, fundraisers, prayers/devotionals, snacks/meals, social time, and whatever the youth need/want to discuss, we'll look for meaningful connection and ways to open our hearts to the Holy Spirit. With a goal to bring teens together under the same roof each week, we aim to create a space that is both comfortable and safe no matter where your teen is in their faith journey.

### MIDDLE SCHOOL YOUTH GROUP

Wednesdays starting, September 27  
4:15-5:30PM

### HIGH SCHOOL YOUTH GROUP

Sundays, starting September 24,  
5-7PM

#### Family Information (Please Print Clearly):

Parent Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Parent Phone Number(s): \_\_\_\_\_

#### YOUTH MINISTRY REGISTRATION -- \$35

*As we grow the program, additional necessary fundamental fees might be requested in the future. If any of these fees would cause a hardship for your family, we ask that you pay what you can afford. No family is ever turned away from CTK's programs because of an inability to cover registration costs. For more details, please contact Erin Doyle at [edoyle@ctkevergreen.com](mailto:edoyle@ctkevergreen.com).*

*You can now make your youth group payment online! **NEW!***

*To pay for High School Youth Group go to:*

<https://www.osvhub.com/ctkevergreen/giving/funds/high-school-youth-group>

*To pay for Middle School Youth Group go to:*

<https://www.osvhub.com/ctkevergreen/giving/funds/middle-school-youth-group>

*We are still happy to take a check payable to Christ the King*

FOR OFFICE USE: DATE RECEIVED \_\_\_\_\_ CHECK AMOUNT/NUMBER \_\_\_\_\_

NOTES/ OUTSTANDING PAPERWORK \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F

Participant email: \_\_\_\_\_ Participant cell\*: \_\_\_\_\_

Allergies or Medical Conditions/History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

*(any info that might be necessary or could aid personnel if needed)*

CIRCLE ONE: HIGH SCHOOL PROGRAM MIDDLE SCHOOL PROGRAM

Has your child been confirmed in the Catholic Church? YES NO

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F

Participant email: \_\_\_\_\_ Participant cell\*: \_\_\_\_\_

Allergies or Medical Conditions/History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

*(any info that might be necessary or could aid personnel if needed)*

CIRCLE ONE: HIGH SCHOOL PROGRAM MIDDLE SCHOOL PROGRAM

Has your child been confirmed in the Catholic Church? YES NO

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F

Participant email: \_\_\_\_\_ Participant cell\*: \_\_\_\_\_

Allergies or Medical Conditions/History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

*(any info that might be necessary or could aid personnel if needed)*

CIRCLE ONE: HIGH SCHOOL PROGRAM MIDDLE SCHOOL PROGRAM

Has your child been confirmed in the Catholic Church? YES NO

**\*If you would like your teen(s) to be included in our group text where we relay last minute information and updates as well as keep in touch throughout the week, provide cell phone numbers.**

PLEASE CIRCLE YES OR NO

Is your family registered at Christ the King? YES NO

VOLUNTEERS

Are you interested in learning more about volunteering your efforts (big or small) for our Youth Ministry this year? ***Events are frequently dependent upon volunteers for help.***

YES NO

Christ the King sometimes takes photographs and/or video of parish programs and activities. These are primarily used in parish online communications, associated social media accounts, to create displays/bulletin boards at CTK, and may be used to create training, educational, and promotional materials. NO NAMES WILL BE USED.

I hereby grant permission for Christ the King Church to photograph/video my child(ren) while participating in the 2023-2024 Youth Group and associated programs. I agree that I will not seek financial compensation for the use of my child(ren)'s images.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE PAY ONLINE OR RETURN CHECK WITH COMPLETED REGISTRATION**

For additional questions or information please contact Erin Doyle  
[edoyle@ctkevergreen.com](mailto:edoyle@ctkevergreen.com) Phone: (303) 674-3155



**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:

**High School Youth Group 2023-2024 school year**

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 the King, Evergreen, 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 the King, Evergreen, 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 \_\_\_\_\_ 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: \_\_\_\_\_