

Christ the King Youth Ministry Registration

2025-2026 School Year

Christ the King Youth Ministry is a welcoming space where teens can discover what it means to grow in relationship with God through the Church. Each week, we come together for community-building activities, service opportunities, field trips, fundraisers, prayer and devotion, shared meals, social time, and open conversations about what matters most to our youth.

Our goal is to create a safe, supportive environment where teens feel at home—no matter where they are on their faith journey. Guided by the Holy Spirit, we seek meaningful connection and authentic ways to live out our faith together.

MIDDLE SCHOOL YOUTH GROUP

Wednesdays, starting September 24
4:15-5:30PM

HIGH SCHOOL YOUTH GROUP

Sundays, starting September 21
5-7PM

Family Information (Please Print Clearly):

Parent Name(s): _____

Address: _____

City: _____ Zip: _____

Parent Email(s): _____

Parent Phone Number(s): _____

YOUTH MINISTRY REGISTRATION -- \$35

Additional necessary 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 costs. For more details, please contact Erin Doyle at edoyle@ctkevergreen.com.

You can now make your youth group payment online!

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 ANSWER THE FOLLOWING:

Is your family registered at Christ the King? **YES NO**

High School Youth Group: Are you able to provide a Sunday night meal once or twice throughout the school year? (*a Signup Genius will go out for Middle School Youth Group snacks*) **YES NO**

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 2025-2026 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

High School Youth Group go to:

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

Middle School Youth Group go to:

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

For additional questions or information please contact Erin Doyle
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:

Middle School Youth Group and/or High School Youth Group 2025-2026 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 _____ Christ the King, Evergreen _____ 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: _____