

# Acknowledgement of Agreement Form

I, \_\_\_\_\_ (Parent or Guardian), hereby acknowledge that I have read and agree with the forms ***ED\_MR\_04252013.14 (Medical Release)***, ***ED\_REG\_05022013.14 (Registration)***, and ***YP\_MEDIA\_04302013.14 (Media Release)*** for the Online Registration of the **All Saints Youth Program**. This Agreement Form acknowledges that the online forms represent permission for my youth to attend the **All Saints Youth Program, which** is held on **Wednesday nights**, at the **All Saints Catholic Church** campus. By signing this form I agree that all of my contact information and medical information is accurate and up to date and I agree with the forms ***ED\_MR\_04252013.14***, ***ED\_REG\_05022013.14***, and ***YP\_MEDIA\_04302013.14***. You also agree to turn in the following items/forms into the **All Saints Catholic Church** office:

- Registration Fee
- Acknowledgement of Agreement Form
- Copy of your child's Insurance Card (**Front and Back**)

\_\_\_\_\_  
Name of Teen

\_\_\_\_\_  
Parent (or Guardian) Name (Printed or Typed)

\_\_\_\_\_  
Parent (or Guardian) Signature

\_\_\_\_\_  
Date