



SYS 2015 Registration
Individual Form for Parish Use

YOUTH NAME _____ GENDER M F

PARENT/GUARDIAN NAME _____

CITY _____ ZIP _____

HOME PHONE _____ EMAIL _____

CELL PHONE _____ PARTICPANT BIRTH DATE _____

CURRENT YEAR IN SCHOOL: 6 7 8 9 10 11 12 ADULT

T-SHIRT SIZE: S M L XL 2XL 3XL

(Adult sizes only)

Special Needs (physical or dietary):

i.e. wheel chair accessibility, hearing or visually impaired, gluten-free, vegetarian, etc.

EARLY REGISTRATION DUE BY: _____ \$30

LATE REGISTRATION DUE BY: _____ \$50

Parish Use Only:

Registration Payment: Date Submitted _____ Amount Paid _____

Completed Registration Form

Archdiocese of San Antonio Liability and Medical Release Form

****Parish Youth Leader should keep these registration forms. Registration is completed by entering group information online at www.archsa.org/oym****

***** If you do not have access to the internet or need assistance registering online, please call the OYM at 210-734-1625 *****