



REGISTRATION FOR MEMBERSHIP OLSS YOUTH GROUP

A. PERSONAL PARTICULARS

Name		
Year of Birth	Contact number	Name of school (if applicable)
Email Address		Home Address

B. CHURCH GROUP

Are you currently in any church group?	Yes / No
If yes, which?	

C. PARENT'S CONSENT (For those under 18 years of age)

I, _____, the father/mother of _____
gives my consent to my son/daughter to join the OLSS Youth Group.

Signature and Date
Contact Number (to be used for emergency)

D. CONSENT TO COLLECTION OF PERSONAL DATA

By signing this form, I hereby declare that the information provided is true and correct and give my consent to any personal data being collected, stored, retained, transmitted, and processed by the Catholic Archdiocese of Singapore in accordance with its Data Protection Policy, including the disclosure and transfer of the said personal data for the purpose of processing and administration for joining OLSS Youth Group.

Name of Youth or Parent
Signature of Youth or Parent

Date: _____