

**FORM E – Diocese of Cleveland**

**WYD Sidney in Ohio  
Participant Registration Form**

(please make additional copies of these forms for your use)

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Parish / School: \_\_\_\_\_

City and State: \_\_\_\_\_

(Arch)Diocese in which your community is located: \_\_\_\_\_

**Team Leader**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Home Phone: (\_\_\_\_) \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

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

Have you participated in the Protecting God's Children training and been cleared to work with children and youth? \_\_\_\_\_ yes \_\_\_\_\_ no

**Other Adult Participants**

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

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Have you participated in the Protecting God's Children training and been cleared to work with children and youth? \_\_\_\_\_ yes \_\_\_\_\_ no

**Other Adult Participants**

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

Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Have you participated in the Protecting God's Children training and been cleared to work with children and youth? \_\_\_\_\_ yes \_\_\_\_\_ no

**OVER**

## **Youth Participants**

Parish / School: \_\_\_\_\_

City and State: \_\_\_\_\_

(Arch)Diocese in which your community is located: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_

Birth date: \_\_\_\_\_ Last Completed Grade: \_\_\_\_\_ Gender: \_\_\_\_\_