



Youth Registration form 2014

Youth Name _____

Grade _____ Home Address: _____

Parent's names _____

Home Phone _____ Parent Cell Phone _____

Youth Cell Phone _____ Email address _____

Youth Email Address _____ Birthday _____

Is it okay for us to contact youth directly through cell phone or email? Yes No

Is it okay for us to take pictures of your youth and use them to promote our ministry?

Yes No

Does your youth have allergies or other things we need to know? _____

The following people may sign my youth in and/or out:

1. _____

2. _____

3. _____

4. _____

I understand that if I will have someone other than those listed above pick my child up or bring them to youth group that I will let the youth leaders know ahead of time. (initial) _____

In case of emergency please contact: _____

I give permission for my minor to be treated in an emergency: Yes No

Youth doctor's name and phone number _____

Insurance information _____

Medications my youth takes regularly _____

Is there any other information that would be helpful for us to know as we care for your youth during youth group? _____

This form will be kept on file for one year. If there are changes to the information provided, please contact us and let us know. Thank you!

Parent signature

Date

Parent name (printed)