



Registration Form 20__/20__

Registration for: Youth Ministry Gr. 5 +

Youth's Name: _____

Age: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

Phone # _____ Emergency Phone # _____

Email: _____

Will Your Child be walking/biking to Youth on his/her own? _____

Will Your Child be receiving rides from Youth with other people and do you give permission for this? _____ With whom? _____

Will Your Child be bringing any medications with him/her?
Please list: _____

Does Your Child have a physical, emotional or behavioral concerns that our volunteers should be aware of? (if so, how would you like this to be addressed?)

Allergies: _____

** snacks will often be available.

Family Doctor: _____ Dr.'s Phone # _____

Care Card # _____

Parent/Guardian signature _____ Date _____