

Youth Registration Form

Registration Information

Last Name: _____ First Name: _____
Middle Name: _____ Preferred First Name: _____
Youth e-mail address: _____
Address: _____
City, State ZIP: _____
Home Phone: _____ Youth Cell: _____
I give my permission for the youth director/pastor to reach out to my child via email/phone/social media Yes _____ No _____

School Name: _____ District: _____
Grade: _____ Birth date: _____ Gender: M / F (circle one)
Child lives with: mother father both
Extra Curricular Activities, Hobbies: _____

Emergency Contact Information

Name: _____ Relationship: _____
Work Number: _____ Cell Number: _____ Email: _____

Medical Information

Medical Alerts/Food and/or Drug Allergies: _____
Current Medications: _____
Insurance Carrier: _____
Policy #: _____ Group #: _____

My son/daughter _____ has permission to participate in any activity sponsored by St. John UCC for the program year. In case of an emergency, the adult in charge has authorization to seek any medical attention necessary, or to administer over the counter medications as needed.

Parent/Guardian Signature Date

Parent/Guardian Information (*please be sure these are email addresses checked regularly*)

Father's First Name: _____ Last Name: _____
Work Number: _____ Cell Number: _____ Email: _____
Mother's First Name: _____ Last Name: _____
Work number: _____ Cell Number: _____ Email: _____
Work Number: _____ Cell Number: _____ Email: _____

Media Release

I, the undersigned, do hereby grant or deny permission to St. John UCC to use the image of my child, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials, videos, digital images and social media (Facebook, Instagram..etc.)

Deny permission. Grant permission.

Parent/guardian signature Date