

2019-2020 CALVARY YOUTH GROUP REGISTRATION FORM

PLEASE SUBMIT ONE FORM PER YOUTH



Youth's Name _____		Youth's Age _____	
Grade _____	School Name _____	Birth Date ____ / ____ / ____	
Parent/Guardian Name(s) _____			
Home Phone () _____	Youth Cell Phone () _____		
Youth E-mail Address _____			
Mailing Address _____			
City _____	State ____	Zip _____	
Emergency Contacts / Individuals Authorized to pick up youth from Youth Group			
Name	Relationship	Contact Number	
_____	_____	_____	
_____	_____	_____	
Food Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list: _____
Medical Concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain: _____
Where Parent/Guardian can be found during Youth Group or number where you can be reached in case of emergency, etc.:			

PLEASE READ CAREFULLY

- I give permission for my youth to participate in Calvary's Youth Group.
- I give permission for still or video pictures of my youth to be taken and used for church promotional purposes.
- I give permission for photos of my youth to be placed on Calvary UMC websites and Social Media pages in a Youth Group or church context.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

