Grace United Methodist Church
Youth Registration Form - 2007-2008
Please note the following information is strictly confidential and will be treated as such

Name: _____ _____ _____ M/F: _____
Last First Middle

Birthdate: _____________ Age: _____ Grade: _____ School Name: _____

Youth Email Address: _____

Youth Programs That Youth is Involved With:

_____ Sunday School
_____ Wed Bible Study/Cafe 234
_____ Teen Bells
_____ Sunday YF
_____ Youth Council
_____ Retreats
_____ Praise Band
_____ Teen Choir(s)
_____ Lock-ins

Parent(s) or Legal Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Email Address of Parent or Guardian: _____

Alternate Emergency Contact: _____

Telephone Number: _____ Relationship to Youth: _____

Significant Illnesses, allergies or medications Grace should be aware of: _____

_____

Physician Name: _____ Telephone Number: _____

Please read the following carefully:

1. In the event of an emergency, I consent to my child receiving medical treatment deemed necessary by the examining physician and or Grace United Methodist Church: Y N
2. I understand that Grace is not liable for any actions conducted by the above youth should they leave a Grace-sponsored event before the scheduled ending time: Y N

I have read and completed the above Youth Registration Form. I agree that the above material is completed correctly and will advise Youth Ministries should any information change. If the legal parent/guardian has any questions regarding this form, please contact the Youth Ministries office at 630-355-1748.

_____ _____
Parent/Legal Guardian Signature Date

Please see reverse side for more info.....