



Youth Group Registration Form

Youth Name

First Name Last Name

Age

Date of Birth



Month Day Year

Phone Number

Please enter a valid phone number.

Email Address

example@example.com

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

School

Grade Level

Insurance Provider Name

Medical Insurance #

Does the child have any allergies?

Does the child have any medical conditions that we should be aware of?

Parent/Guardian Information

Name

First Name Last Name

Phone Number

Please enter a valid phone number.

Relationship

Acknowledgment

I agree to follow the guidelines, rules, and policies of the organization. If a chaperone or driver is needed, I'll do that. I allow my child to be photographed or be part of the video that will be used for marketing, promotion, and advertisements. The repeated offense of the youth may result in suspension or expulsion. Parent/Guardian registered in this form has legal custody over the child. I allow my child to ride any vehicle that is related to the group's activities provided that there's an adult on board. For medical emergencies, I allow the medical team of this organization to take care of my child. I release this organization from any and all liability from accident or injury to the child during the organization related events.

Date Signed



Month Day Year