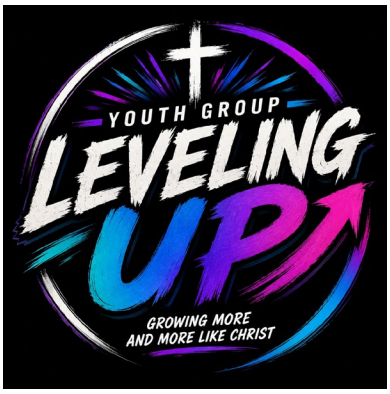

LEVELING UP

Youth Group Registration • 2026–2027

Student Information

Student Name: _____

Preferred Name: _____

Grade: _____	Date of Birth: _____

Parent / Guardian

Name: _____

Relationship: _____

Phone: _____

Email: _____

Emergency Contact (if different)

Name: _____

Relationship: _____

Phone: _____

Medical Information & Accommodations

Food allergies / dietary restrictions:

_____

Medical information:

_____

Accommodations that would help your student fully participate:

_____

Tell Us About Your Student

Favorite activity: _____

Anything you'd like us to know:

_____

Photo / Video Permission

☐ YES, my child may appear in church photos/videos used for ministry.

☐ NO, please do not include my child in church photos/videos.

Parent Permission

I give permission for my child to participate in Leveling Up Youth Group.

Signature: _____ Date: _____