

# YOUTH REGISTRATION FORM

6<sup>th</sup> - 12<sup>th</sup> Grades for the Year 2010/2011



Today's Date: \_\_\_\_\_

Parent Info (please Print):

Dad

Mom

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Texting Okay? Yes \_\_\_\_ No \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (not parents) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

## First Youth in Student Ministries

Print First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell \_\_\_\_\_ Texting okay? Yes No Grade ('11-'12) \_\_\_\_\_ School \_\_\_\_\_

Allergies/Special Information \_\_\_\_\_

## Second Youth in Student Ministries

Print First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell \_\_\_\_\_ Texting okay? Yes No Grade ('11-'12) \_\_\_\_\_ School \_\_\_\_\_

Allergies/Special Information \_\_\_\_\_

## Third Youth in Student Ministries

Print First and Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell \_\_\_\_\_ Texting okay? Yes No Grade ('11-'12) \_\_\_\_\_ School \_\_\_\_\_

Allergies/Special Information \_\_\_\_\_

(Please list additional youth on back)