

Youth Group Registration

Application Form

Personal Information

Full Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Address: _____

City: _____ State: _____

Parent/Guardian Name (if under 18): _____

Contact Number: _____

Email Address: _____

Program Selection

Select the programs you wish to participate in:

- Weekly Meetings
- Community Service Projects
- Sports and Recreation Activities
- Educational Workshops

Medical and Emergency Information

Do you have any medical conditions or allergies? Yes No

If yes, please describe: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Number: _____

Participation Consent

- I agree to abide by the rules and guidelines of the youth group activities.

I release the organization from any liability during participation, except in cases of gross negligence.

Participant Name: _____

Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____