## Youth Group Registration

## **Form Online**

Participant Details			
Full Name:			_
Date of Birth:			
Age:  Gender:  Email Address:  Phone Number:			
			_
			_
Activity Registration			
Activity Name	Date	Location	Fee (if applicable)
Parental Consent (if und	der 18)	•	
☐ I consent to my child	's participation in y	youth group activit	ies and understand
the terms and conditior	s of participation.		
Parent/Guardian Name:			_
Signature:			_
Date:			

## Submission

Submit this form online or email it to the provided address. For questions, contact [Insert Contact Information].