

Commerce First United Methodist Church 2018-2019 Youth Ministry

Youth Registration Form

Youth's Name _____ DOB _____ Age _____

Grade _____ School _____

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Grade _____ School _____

Youth's Name _____ DOB _____ Age _____

Grade _____ School _____

Parents/Guardians _____

Address _____ City _____ Zip _____

Mom's Home/Cell/Work phone _____

Dad's Home/Cell/Work Phone _____

Parent Email _____

Emergency Contact _____ Phone _____

Important Medical Info/Allergies – please indicate with name of youth _____

Signature of Parent or Legal Guardian _____ Date _____

Field Trip Permission Form – parents are always notified of trips weeks in advance!

My child(ren) has permission to travel with Commerce First United Methodist Church, and its designated chaperones on field trips away from the church. I understand that transportation is provided by parent volunteers or staff of the Church, and that transportation holds certain risks including, but not limited to, accident and injury. I agree that I will not hold responsible any volunteer, clergy or staff of the church for any accident or injury that may occur while children or parents are being transported to and from off campus events.

Signature of Parent or Legal Guardian _____ Date _____

Photos – May we share photos on our church social media or in promotion materials? Yes ___ No ___