



2016-2017 YOUTH MINISTRIES REGISTRATION FORM

FAMILY INFORMATION

Parent/Guardian Name(s) _____

Address (street/city/zip) _____

Home Phone _____ Dad Cell Phone _____ Mom Cell Phone _____

Please (*) the best phone number in the case of an emergency.

Email Address _____

Are both parents living at home? Y or N If no, who has legal custody? _____

If the person who regularly brings the child to Youth is different than above, please list below:

Parent's location during Youth Group? _____

YOUTH INFORMATION (6th Grade – 12th Grade)

Name _____

Birthdate (mm/dd/yy) _____ Grade _____ School Attending _____

Youth Cell _____ Youth E-mail _____

Special Needs (*medical concerns, allergies, other issues*) _____

Confirmation Middle School Youth Group High School Youth Group

Name _____

Birthdate (mm/dd/yy) _____ Grade _____ School Attending _____

Youth Cell _____ Youth E-mail _____

Special Needs (*medical concerns, allergies, other issues*) _____

Confirmation Middle School Youth Group High School Youth Group

Name _____

Birthdate (mm/dd/yy) _____ Grade _____ School Attending _____

Youth Cell _____ Youth E-mail _____

Special Needs (*medical concerns, allergies, other issues*) _____

Confirmation Middle School Youth Group High School Youth Group

MEDICAL and TRANSPORTATION AUTHORIZATION

I give permission (1) for my youth to travel away from the church on church-sponsored activities, which includes transportation in church leased or privately-owned vehicles, and (2) for the group leaders to secure medical aid for my child if it should be necessary.

I consent to allow my youth to be transported from and to Unity Presbyterian Church in church transportation for various youth activities. I authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my child(ren), named on this form, any medical care treatment necessary as a result of injuries sustained or other emergency medical treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I authorize a representative of Unity Presbyterian Church to retain or acquire medical care and treatment on my behalf if I cannot be reached by telephone or there is not time or opportunity to make a telephone call. I agree not to hold this person responsible for any damages arising from giving consent. I understand that Unity Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify Unity Presbyterian Church if any health changes would restrict my youth’s participation in any activities of the church. I also understand that the adult supervisors reserve the right to restrict my youth from participating in any activity that they do not feel is within the physical capabilities of my youth.

Signature of Parent/Guardian

Date

Family Physician _____ Phone _____

Medical Insurance Provider _____ Policy # _____

Name of Insured _____

My youth may ride with another parent or advisor in his/her personal vehicle? Y or N

VOLUNTEER INFORMATION

Parents, please consider volunteering for our Youth programming! For more information, please check the boxes of interest below:

- Youth Planning Team
- Chaperone – Local Events
- Chaperone – Out of Town Events
- Youth Advisor
- Weekly Prayer
- Provide a portion of the meal
- Teach Sunday School

Questions, Comments, or Concerns?
Lindsay White, Associate Pastor for Youth
lwhite@unityfortmill.org or 803-547-5543