Youth Group Registration

(One Per Family)

Student Name	Birthday	Grade	Student Cell Phone *(optional, for text reminders)*

Parent's/Guardians Name

Cell Phone | **Yes / No** Text Reminders

E-mail Address

Address

City, ST, Zipcode

Parent's/Guardians Name

Cell Phone | **Yes / No** Text Reminders

E-mail Address

Address

City, ST, Zipcode

Alternative Emergency Contact:

Name	Day Phone	Work Phone	Relationship to Student

Allergies/Health Concerns/Other Notes:

Volunteering: **mark as many as you would like**

I would like to help out with...

[ ] Driving

[ ] Chaperoning Events

[ ] Preparing Snacks/Food for Events

[ ] Mission Work (helping youth with mission work)

[ ] Please Do Not Contact Me to Volunteer

[ ] Other (please comment) _____