

SouthCentral Youth Registration

YOUTH'S PERSONAL INFORMATION

First/Last Name: _____ Birth date: ___/___/___

Baptized? → Yes → No

School Grade: _____

Mother's First/Last Name:

Contact Phone (_____) _____ - _____

E-mail address _____

Father's First/Last Name:

Contact Phone (_____) _____ - _____

E-mail address _____

Youth Mailing Address: _____ Zip: _____

Youth Contact Phone: (_____) _____ - _____

Youth E-mail address: _____



YOUTH'S PERSONAL INFORMATION

Any allergies? Please list: _____

#1 EMERGENCY Contact *(full name)*: _____

Contact #1 Phone: (____) _____ - _____

#2 EMERGENCY Contact *(full name)*: _____

Contact #2 Phone: (____) _____ - _____



YOUTH'S PERSONAL INFORMATION

Attending Sibling(s):

First/Last Name: _____ Age: ____ School Grade: ____
Brother Sister

First/Last Name: _____ Age: ____ School Grade: ____
Brother Sister

First/Last Name: _____ Age: ____ School Grade: ____
Brother Sister

First/Last Name: _____ Age: ____ School Grade: ____
Brother Sister

First/Last Name: _____ Age: ____ School Grade: ____
Brother Sister



YOUTH'S SPECIAL INTEREST(S)

Please list your special interests and activities:



PARENTAL INVOLVEMENT

I would like to assist the Youth Ministry in the following area(s):

Communication

(phone calls, e-mails, etc.)

Transport

An extra pair of hands

(when shorthanded)

**Food Preparation for
Special Occasions**

Shop for supplies

Donate supplies

Suggestion(s) that would help better serve our youth?

(if necessary please use reverse side of this paper)



YOUTH & PARENTAL RELEASE

Photo release for 2016 through 2017:

I give permission to the Church of Christ at South Central to use my son's/daughter's photo(s) in brochures, newsletters and/or web pages.

*YOUTH Printed First/Last Name: _____

Youth Signature: _____ **Date:** ___/___/___

*PARENT Printed First/Last Name: _____

Parent Signature: _____ **Date:** ___/___/___

