

YOUTH MINISTRY REGISTRATION

STUDENT INFORMATION

Student's Name _____

Student's Mailing Address _____

City, State, Zip _____

Home Phone # _____ Student's Cell Phone # _____

Student's Email Address _____

Student's School _____

Grade in School _____ Birthday _____ Gender: _____

Month Day Year

Student's T-shirt Size (in adult sizes) _____

Participating in Matins? _____ Yes _____ No _____ Undecided

Vegetarian? _____ Yes _____ No

Food Restrictions or allergies _____

PARENT/GUARDIAN #1 CONTACT INFORMATION

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail _____

Signature _____

PARENT/GUARDIAN #2 CONTACT INFORMATION

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail _____

Signature _____

I have paid my **\$50 REGISTRATION** (Checks payable to **Plymouth Church** with memo marked "Youth.") Scholarships are available.

**FOR OFFICE
USE ONLY**

Date
Paid _____

Amt
Paid _____

Check
No. _____

**Please complete
a separate form
for each student.**

To ensure timely
communication,
please return
signed registration
form and fee by
**WEDNESDAY,
AUG. 28**

Please return your
completed
registration form
and payment in
the
enclosed
envelope ad-
dressed to Educa-
tion, c/o Marissa
Hernandez-Evans.
Checks should
be separate from
other registrations
and are payable
to Plymouth
Church with
"Youth" marked in
the memo line..

PARENTAL HELP

My parent(s) can help on the organizing committee for:

Leaf Rake Pizza Sale Garage Sale

My parents can help supervise and participate in Wednesday Evening Dinner & Fellowship or group activities, such as Small Group Sundays, 4th Serve Sundays, etc.

Name of parent(s) volunteering _____

EMERGENCY & MEDICAL INFO

In case of emergency please call (other than parents):

Name _____

Phone _____

Medical conditions we should know about: _____

Physician's Name _____

Phone _____

Is there anything else you would like us to know about your youth that would assist us in providing a positive experience? _____

PHOTO RELEASE

PHOTO RELEASE: I consent to and authorize the use and reproduction of any and all photographs and/or audiovisual materials taken of me, my child, my ward or my representatives by Plymouth Congregational Church of the United Church of Christ, to be used in its publications and/or website.

Yes _____ **No** _____