



**East Lake United Methodist Church**  
**Youth Registration**  
Grades 6-12  
2010-2011

Youth Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Youth Email Address \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Youth T-shirt size: AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_

Birth Date (M-D-Y) \_\_\_\_\_ Date Baptized \_\_\_\_\_ Date Confirmed \_\_\_\_\_

East Lake UMC Youth has a Facebook page and would like to be your friend. Do you? Y \_\_\_ N \_\_\_

**School Grade on September 1, 2010** \_\_\_\_\_ School \_\_\_\_\_

Allergies/Medication \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

We/I would be willing to help with:

11:00 a.m. Sunday School: Mid-High \_\_\_\_\_

Senior High \_\_\_\_\_

Sunday Night (6:00 to 8:00 p.m.) Assist with Snack Supper \_\_\_\_\_ Sign-in Assistant \_\_\_\_\_

Small Group Assistant \_\_\_\_\_ Mid-High \_\_\_\_\_ Senior High \_\_\_\_\_

How often? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Occasionally \_\_\_\_\_

Special Youth Events (Pumpkin Patch, Christmas, Easter, Confirmation, etc.) Yes No

(continued on back)

**Photo/Video Release**

I being the parent/guardian of \_\_\_\_\_ hereby consent that any photographs or videotapes taken while my son/daughter attends East Lake United Methodist Church or Youth events may be used for print publications, website, and/or video to be used within the church and/or to promote the church.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

**On Site Parental Consent**

As the parent (or legal guardian) of \_\_\_\_\_ I understand that my child will be participating in a number of activities for the calendar year of 2010-2011, which carry with them a certain degree of risk. I consent for my child to participate in these activities. Please indicate any restrictions on your child's activities:

\_\_\_\_\_ I represent that my child is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I represent that my child has restrictions on the following particular activities:

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

<b>Office Use Only</b>
Database Entry _____
Sign in Sheet Entry _____
E-mail Entry _____
Birthday List _____
Facebook Friend _____
Date Entered _____
Entered by _____