

Chelsea First United Methodist Church

Youth Registration Form

Youth Full Name: _____

Street Address: _____

City/St/Zip: _____

Please list any known allergies (if any):

Youth Birthdate: _____ Youth Age/Grade: _____

Current Medications (if any):

Other:

Mother's Full Legal Name: _____

Mother's Cell Phone Number: _____

Father's Full Legal Name: _____

Father's Cell Phone Number: _____

I would like to register my youth for (Select all that apply):

- Sunday BLAST
- Music Program
- Wednesday Outlet
- Youth Group Program/Trip
- Other: _____

Please list an emergency contact if a parent is unavailable (name, relation to family and phone number):

I give my consent for any pictures taken of my youth to be shared in future publications and/or on the church's website or social media pages (no names will be published):

- Yes
- No

I give full permission for my youth to attend programming at Chelsea First United Methodist Church. I also give permission to the leaders to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me.

Printed Parent/Guardian Full Legal Name

Signature