

YOUTH GROUP REGISTRATION FORM

Registration Date:

Youth Information			
First Name	Last Name	Age	
Parent/Guardian First Name	Parent/Guardian Last Name	Email Address	
Street Address	City	State	Zip Code

Medical Information	
Medical Insurance Provider Name	Medical Insurance Group No
Does your child have any allergies or medical conditions to be aware of?	
If Yes, please list below and include any medications and dosages for these conditions	

I agree to follow the guidelines, rules, and policies of the organization.

I allow my child to be photographed or be part of the video that will be used for marketing, promotion, and advertisements.

Any repeated offense by my child may result in suspension or expulsion.

I confirm that I am the Parent/Guardian that has legal custody over the child.

I allow my child to ride any vehicle that is related to the group's activities provided that there's an adult on board.

For medical emergencies, I allow the medical team of this organization to take care of my child.

I release this organization from any and all liability from accident or injury to the child during the organization related events.

I give permission for my child to participate in this Youth Group Organization.

Signature:

Signature Date: