Youth Event Registration Form

Name	🗆 Male 🗆				
Address	Cit	City			
State/Zip	Birthday	_ Birthday//			
School	Grade	Graduation Y	ear		
Student's E-mail	Student's I	Student's Phone ()			
Parent/Guardian Name					
Parent's Email					
Cell Phone ()Other Phone	e ()				
\square I'm a member of LFUMC - If not, do you attend	church somewher	e else?			
I have the following forms on file at the church:	Medical Release Yes/No	Youth Covenant Yes/No	Parent Info Card Card Yes/No		
For use if the participant is a minor: I represent that I am the parent/guardian of the child listed a named above to participate in the activities of this church, in that in the event my child does not follow the rules for the event responsible for immediately picking them up and transporting the	cluding any special ev and is sent home for in	ents/activities describ appropriate behavior, I	ed above. I hereby agree		
Signature of Parent or Legal Guardian		Date			
Print Name of Parent or Legal Guardian					

For Office Use					
Paid Yes/NO	Payment Type	Amount	Date		