

# First Baptist Church of Delta Junction Youth Group

Date: \_\_\_\_\_

Full Name (Youth): \_\_\_\_\_

Parent(s) or Guardian:

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Email address for information and updates:

\_\_\_\_\_

How did you hear about Youth Group?

\_\_\_\_\_

\_\_\_\_\_

Allergies or special needs of the youth that the leaders need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Church: \_\_\_\_\_

Who may pick this child up at the end of each Youth Group meeting?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

We will be taking pictures throughout the year of all the fun activities we will be doing. Do we have permission to photograph your youth? (circle one) YES NO

Do we have permission to publish photographs of your youth on the church's webpage?  
(circle one) YES NO

Parent's Signature: \_\_\_\_\_

Thank you for sending your youth to Youth Group, we look forward to working with you.