



**Middle School Youth Group  
Registration 2020-2021**

Student's Full Name: \_\_\_\_\_

**(Please print clearly)**

Last

First

Full Middle

Date of Birth: \_\_\_\_\_

Gender: ☐ Male / ☐ Female

Name of School 2020-2021: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardians' Names: \_\_\_\_\_

Mother/Legal Guardian

Father/Legal Guardian

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

Street

City

Zip

Contact Phone Numbers: \_\_\_\_\_

Mother/Legal Guardian

Father/Legal Guardian

Contact Email: \_\_\_\_\_

Mother/Legal Guardian

Father/Legal Guardian

Student Resides with: \_\_\_\_\_

Please list any special situations we should be aware of regarding your child: (Allergies, dietary restrictions, educational needs, family...)

\_\_\_\_\_

Please check if you are interested in volunteering with the youth group

☐ Yes ☐ No

**Emergency Contact:** In the event you cannot be reached, please list the following:

First & Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_