

# Youth Group Registration 2017-2018

Please print clearly.

Date \_\_\_\_\_

## TEENAGER

First/Preferred Name and Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you text message? \_\_\_\_\_

Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

City and Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

## PARENT WITH WHOM TEENAGER LIVES

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you text message? \_\_\_\_\_

## OTHER PARENT/GUARDIAN OR EMERGENCY CONTACT

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you text message? \_\_\_\_\_

Home Phone \_\_\_\_\_ Relation \_\_\_\_\_

OVER FOR TEENAGER'S HEALTH INFORMATION

## TEENAGER'S HEALTH INFORMATION

Any current medical conditions or recurring medical history (e.g., asthma) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any current psychological conditions \_\_\_\_\_

\_\_\_\_\_

Any current prescription medications (name and dosage of medicine) \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Insurance company and policy numbers \_\_\_\_\_

\_\_\_\_\_