

Aquia Episcopal Church

Youth Group Registration 2019-2020

Please print clearly.

YOUTH

First/Preferred Name and Last Name _____

Email Address _____

Cell Phone _____

Home Phone _____

Street Address _____

Mailing Address (if different from street address) _____

City and Zip _____

Birthdate _____ Grade _____

School _____

PARENT/GUARDIAN WITH WHOM YOUTH LIVES

Name _____

Email Address _____

Cell Phone _____

OTHER PARENT/GUARDIAN OR EMERGENCY CONTACT

Name _____

Cell Phone _____

Home Phone _____ Relation _____

OVER FOR YOUTH'S HEALTH INFORMATION

Youth 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 _____
