



YOUTH MINISTRIES REGISTRATION 2017-2018

Family Information

Father's Name: _____ Mother's Name _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Home Phone: _____ Primary E-mail: _____

Address (Primary Residence of Child): _____

Emergency Contact (in event Father or Mother cannot be reached):

Name: _____ Phone: _____ Relationship: _____

Student Cell Phone: _____ Student E-mail: _____

Are you a Jamestown Reformed: Member Regular Attendee Visitor – Home Church: _____

CHILD ONE:

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: 6th 7th 8th 9th 10th 11th 12th

Allergies/Special Needs: _____

Enroll In: Middle School Sunday School (6th-8th) Crossroads Middle School Youth Group (6th- 8th)
 High School Sunday School (9th-12th) Sonseekers High School Youth Group (9th-12th)

Please check all boxes that apply

CHILD TWO:

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: 6th 7th 8th 9th 10th 11th 12th

Allergies/Special Needs: _____

Enroll In: Middle School Sunday School (6th-8th) Crossroads Middle School Youth Group (6th- 8th)
 High School Sunday School (9th-12th) Sonseekers High School Youth Group (9th-12th)

Please check all boxes that apply

CHILD THREE:

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: 6th 7th 8th 9th 10th 11th 12th

Allergies/Special Needs: _____

Enroll In: Middle School Sunday School (6th-8th) Crossroads Middle School Youth Group (6th- 8th) High School Sunday School (9th-12th) Sonseekers High School Youth Group (9th-12th)****Please check all boxes that apply******CHILD FOUR:**

First Name: _____ Last Name: _____

Gender: M F Birthdate: _____ School: _____

Grade ENTERING FALL 2017: 6th 7th 8th 9th 10th 11th 12th

Allergies/Special Needs: _____

Enroll In: Middle School Sunday School (6th-8th) Crossroads Middle School Youth Group (6th- 8th) High School Sunday School (9th-12th) Sonseekers High School Youth Group (9th-12th)****Please check all boxes that apply******Liability & Medical Waiver**

I, for myself, my minor child(ren) and for my child(ren)'s other parent and/or guardian, understand that all reasonable safety precautions will be taken at all times by Jamestown Reformed Church and its agents during onsite and offsite events and activities as well as when transporting my child(ren). I understand the possibility of unforeseen hazards and know the inherent possibility of risk. In signing this form, I agree not to hold Jamestown Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, or injuries incurred by the subject of this form. In case of a medical emergency, I understand that every effort will be made to contact myself, the parent/guardian of the child, listed on this form. In the event I cannot be reached, I hereby grant permission to the physicians selected by Jamestown Reformed Church to hospitalize secure proper treatment for and/or order injection, anesthesia or surgery for my child(ren) listed on this form.

Photo Release

I give permission for the photo and video of my child(ren), which may be taken during any ministry activity, to be used for publication purposes and/or to appear on the church websites, social media or other in-house publicity.

Doctor's Name: _____ Doctor's Phone: _____

Preferred Hospital: _____

Signature of Parent or Legal Guardian: _____

Date: _____