



**YOUTH MINISTRY REGISTRATION FORM  
Jr. high 412**

**Preferred First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Primary Contact Information**

**Mother's Name:** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

**Mother's Cell Phone #:** \_\_\_\_\_ **Home#** \_\_\_\_\_

**Mother's Email Address:** \_\_\_\_\_

Best way to contact me is by: TEXT \_\_\_\_\_ EMAIL \_\_\_\_\_ CALL \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_

**Father's Cell Phone #:** \_\_\_\_\_ **Home#** \_\_\_\_\_

**Father's Email Address:** \_\_\_\_\_

Best way to contact me is by: TEXT \_\_\_\_\_ EMAIL \_\_\_\_\_ CALL \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

**Allergies/Special Needs:** \_\_\_\_\_

**PHOTO DISCLAIMER:**

I give permission for my child to participate in Christ United Methodist Church's Youth Ministries activities. I give permission for Christ United Methodist Church to take pictures, videotapes and sound recordings, separately or in combination, of my child. I also give Christ United Methodist Church permission to use the finished videotapes, still pictures and/or sound recordings for CUMC's social media outlets and/or private/public broadcast for distribution purposes.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_