



**YOUTH MINISTRY REGISTRATION FORM
Sr. High - SALT**

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: _____

