



Registration Form 2012

Youth Details...

First Name: _____ Surname: _____
 D.O.B: _____ Year at School: _____
 School: _____
 Email Address: _____
 Mobile Phone No: _____
 Allergies: _____
 Medical Conditions: _____

Parent/Guardian Details...

Parent/Guardian Names: _____
 Address: _____
 Contact number: _____ (home) _____ (mobile) Father/Guardian
 _____ (home) _____ (mobile) Mother/Guardian
 Email Address: _____ (Father/Guardian)
 _____ (Mother/Guardian)

Please provide at least one email address as this will be our primary way of contacting you

Anything else we need to know...

At times we take photographs and/or video which may be used/displayed around the Church/webiste or for promotional purposes of the ministry. Your signature on the registration form also confirms your consent.

_____/_____/12
 Parent/Guardian Signature Parent/Guardian Name Date