

## Youth Club Registration form

Child's name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parents name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

**In the event of an emergency relating to your son/daughter and we cannot reach you please provide information below**

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_

### **Medical information**

Are there any medical conditions (e.g. allergies, epilepsy, asthma, diabetes, seizures etc.) which we should be aware of?

\_\_\_\_\_

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

\_\_\_\_\_

### **Please initial each line below**

\_\_\_\_\_ I agree to my son/daughter participating in Youth Club and the activities run by the leaders. I understand that they will ensure the health, safety and welfare of my child while attending.

\_\_\_\_\_ I will not hold United Trinity Church/ Youth Club responsible for any accidents that may occur while my child is at Youth Club.

\_\_\_\_\_ I will allow the volunteers at United Trinity Church/ Youth Club to take my child to the hospital if need be for an emergency situation.

\_\_\_\_\_ I will allow photographs and videos of the activities we are doing to be taken of my child while at Youth Club, these could be used in print, website or social media.

\_\_\_\_\_ I realize and accept that in the event of my child's behavior adversely affecting the safety of others during the activities the coordinator reserve the right to call the parents to come pick up their child.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please join our Facebook page, **United Trinity Youth Club** for updates or cancelations