

*Olivet Congregational Church UCC*



**YOUTH GROUP  
REGISTRATION FORM  
2010-2011**

Youth Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Grade Level Fall 2010: \_\_\_\_\_


Parent/Guardian's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent/Guardian's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

Who is authorized to pick up your youth? \_\_\_\_\_

  
 I authorize the adult leaders in charge of youth group to take appropriate action in the case of a medical emergency involving my child: Yes / No (please circle)

Parent/Legal Guardian Signature: \_\_\_\_\_ (required)

Date: \_\_\_\_\_

  
Known medicine allergies/Medical conditions \_\_\_\_\_

Prescription Medications/inhaler \_\_\_\_\_

Food Restrictions (vegetarian, no salt, diabetic restrictions, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

In working with your youth, is there any information about your child's learning style, interests or social needs that will be helpful for our youth leaders to know?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_