

Youth Registration Form
Middleburg United Methodist Church
"Youth *Amplified*"

Youth Info:

Name: _____ D.O.B. _____
Home Address (Full): _____
Cell Phone #: _____ Email: _____
School Attending: _____ Current Grade: _____

Parent/Guardian Info:

Parent/Guardian Name: _____ Cell Phone #: _____
Email Address: _____
Home Address (Full): _____

Parent/Guardian Name: _____ Cell Phone #: _____
Email Address: _____
Home Address(Full): _____

In Case of Emergency:

Emergency Contact Name: _____ Cell Phone #: _____
Preferred Hospital?: _____ Doctor?: _____
Health Insurance Provider: _____ Policy #: _____
Name of Policy Holder: _____ D.O.B: _____

Allergies/Illnesses:

Please CIRCLE all that apply to your youth:

Asthma Kidney Problems Diabetes Dizziness Heart Problems

Flip sheet over to continue registration ----->

Any food allergies?: _____

Insect Allergies?: _____

Medication Allergies?: _____

Any prior operations or serious illness?: _____

Please list current prescription medications: _____

Are there any other conditions or concerns that Youth Staff and Leaders should be aware of, or would help us assist your child better? Please use the space below for any more necessary information:

I _____ the legal parent/guardian of _____

attest that the information given on this form is accurate to the best of my knowledge.

Furthermore, I give consent for my child/teenager to participate in Youth Ministry at Middleburg United Methodist Church.

Signature: _____ Date: _____