

SIDMAN MT OLIVE YOUTH GROUP REGISTRATION

NAME: _____ T-SHIRT SIZE: _____

AGE: _____ DOB: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

HOME CHURCH: _____

FOOD ALLERGIES/MEDICAL INFO/OTHER IMPORTANT INFO: _____

EMERGENCY CONTACT (NAME AND PHONE): _____

NAME OF PERSON(S) AUTHORIZED TO PICKUP THIS CHILD FROM YOUTH GROUP: _____

PHOTOS: Is it acceptable to post photos from youth group and youth group events to the Sidman Mt Olive Facebook page/group; website and share in church at times. from youth group and youth group outings: _____ Yes _____ No

