



# New Creation UCC Youth Activity Registration Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

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

Phone #: (h) \_\_\_\_\_ (c) \_\_\_\_\_

(kid's cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list any medical concerns, allergies, or any other information that would be helpful for our leaders: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list anyone other than Parent/Guardian that may pick-up your Child: \_\_\_\_\_

\_\_\_\_\_

New Creation UCC has permission to use photos of my child. **Yes / No**

My child will be participating in (please check all that apply):

Sunday School     Jr. Church     Youth Choir  
 Jr. Youth Group     Youth Group

I would like to help with special events or snacks. **Yes / No**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_