



BROADWAY

GROWING DEEPER REACHING WIDER

YOUTH @ BROADWAY

Registration form for Youth Ministries – 2019/2020 School Year

Grades 6-12 (Born 2002-2008)

We are here for Students. Our goal is to go deeper together, through building friendships, engaging activities, group discussion, and Biblical teaching. As we grow together, we will see amazing things happen!

Please complete this form in full and return it to a designated worker or the Youth Pastor. Thank you!

Family Information

Mother / Guardian name: _____ Cell phone number: _____

Father / Guardian name: _____ Cell phone number: _____

Address (Street #, City, Postal Code): _____

Home Phone number: _____ E-mail address: _____

Student's Information

	1st Student	2nd Student	3rd Student
First Name			
Last Name			
Birthdate			
Grade			
Gender			

Medical Information

	1st Student	2nd Student	3rd Student
Allergies (please indicate epi-pen)			
Medical Conditions (ex. Asthma)			
Health Card #			

Family Doctor Name: _____ Phone Number: _____

*Please note that if your student has an allergy or any other important medical information worth addressing, please speak to a leader or the Youth Pastor.

**If your student requires lifesaving medication (such as an epi-pen or asthma puffers) separate notes will need to be made.

Special Instructions

Is there any other important information about your student(s) that our leaders should be made aware of, including physical limitations, behavioral concerns (Ex. ADHD), or custody arrangements? Please be sure to speak with the Youth Pastor if you have any questions.

In house media authorization

- Yes, I agree to let my student(s) be photographed for internal promotional purposes within Broadway Church.
- No, I do not agree to let my student(s) be photographed for internal promotional purposes within Broadway Church.

Consent of participation

Parent/Guardian Signature: _____ Date: _____