

**Youth Group Registration (6th- 12th)
September 2024-August 2025**

Please complete the registration form below and return to Margaret Schaffter or the church office. A separate registration form is required for Sunday School (Nursery-5th grade).

Youth Information			
Youth's Name	Preferred Name	D.O.B.	Grade

Youth Contact Information	
Please fill out this section if you consent to your youth being contacted by email and/or phone number in accordance with the Safe Church Policy.	
_____	_____
Youth Email	Youth Cell Phone

Parent/Guardian & Contact Information	
_____	_____
Parent/Guardian's Name	2nd Parent/Guardian's Name
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Phone Number	Phone Number
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
E-mail Address	E-mail Address
<i>Please check off the phone number(s) and email address(es) you would prefer to receive communications.</i>	

Preferred Mailing Address	

Responsible Adult
Fill out this section only if another adult (such as a grandparent) may bring the children/youth to church or pick them up.

Name

Relationship To Youth(s)

Phone Number

Emergency Contact
In case a parent/guardian or Responsible Adult is not present or cannot be reached – who should be contacted:

Name

Relationship To Youth(s)

Phone Number

(Please turn over)

Special Considerations

Is there anything else we should know in order to create a safe and successful environment for your youth? This includes health considerations, allergies, physical limitations, dietary needs, and learning style. Please answer as needed for each child or youth:

Media Release

On occasion, pictures may be taken or video filmed during church activities. These photos may be shared with the congregation and/or the wider community. To comply with your wishes, we ask you to fill out the following.

I give permission for my youth's picture to be used in church publications.

OR

I DO NOT give permission for my youth's picture to be used in the following church publications. **Please check all that you wish to exclude:**

- | | |
|--|---|
| <input type="checkbox"/> Highlights Newsletter/Midweek Email | <input type="checkbox"/> FCC Website |
| <input type="checkbox"/> FCC Social Media | <input type="checkbox"/> Children's Ministry Brochure |

Parent/Guardian Consent

I agree and consent to allow my child to participate in youth group at First Congregational Church of Walla Walla. I give permission to authorize emergency medical treatment until such time as I can be contacted. I understand that a signed note of permission will be required for each event off church grounds or overnight events.

Parent/Guardian Signature

Date