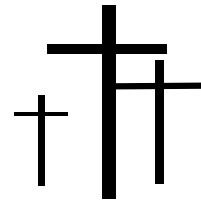


Eastminster United Church

Youth Registration Form

2008 - 2009



A. General Family Information

Family Name: _____

Mother's Name: _____ Father's Name: _____

Street Address: _____

City: _____ Postal Code: _____ Email: _____

Telephone Numbers: (home) _____ (work) _____ (cell) _____

Alternate Contact: _____ Telephone: _____

B. Your Information

Name: _____ Birthdate (yyyy/mm/dd): _____

Email: _____

Health Card Number: _____

Age: _____ Grade: _____

Allergies, if any: _____

Medical Conditions about which it would be helpful to know: _____

Medications, if any: _____

Please be sure to fill out consent form on reverse

PHOTO CONSENT FORM

YOUTH (17 & younger)

*We do not post or print photographs or use video images
without the consent of the subjects or their guardians.*

I, (print full name) _____, hereby grant permission to
Eastminster United Church to photograph and/or videotape my child(ren):

(child(ren) names)

at church events

or at _____

(name of event)

for the purpose of . . .

display inside the church building

and/or print in publications of Eastminster United Church
(eg: bulletin, newsletter, etc)

and/or posting on Eastminster United Church's Website

Signature of Parent or Guardian: _____ Date: _____

Relationship: _____

- please return this form when completed -

Distribution:

- Director of Programs (Children & Youth)
- Database Administration
- Youth Coordinator