

Belin Memorial United Methodist Youth Fellowship Registration Form 2008-2009

Youth Information

Male <input type="checkbox"/> Female <input type="checkbox"/>	Church membership: BMUMC <input type="checkbox"/>	Other: _____	Today's date _____
Name		First _____	Middle _____ Last _____
Preferred name _____		School _____	Grade _____
DOB ____ / ____ / ____	Email: _____	Home # _____	
Cell # _____	Cell phone company _____		
Mailing Address _____			
Physical Address (if different from above) _____			

Family information

Father	Name _____	Place of work _____
	Work # _____	Cell # _____ Cell company _____ Home # _____
	Email _____	Willing to be adult volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Preferred method of communication - Email <input type="checkbox"/> Postal Service <input type="checkbox"/>	
Mother	Name _____	Place of work _____
	Work # _____	Cell # _____ Cell company _____ Home # _____
	Email _____	Willing to be adult volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Preferred method of communication - Email <input type="checkbox"/> Postal Service <input type="checkbox"/>	
With whom does youth live? Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____		
Brothers/sisters: (List additional on back)		
Name _____	Age/grade _____	
Name _____	Age/grade _____	

Medical / Insurance Information

Insurance company _____	Policy # _____
Insurance company/agent phone # _____	
Doctor _____	Doctor's phone # _____
Dentist _____	Dentist's phone # _____
List any allergies/medical conditions/medical instructions about which leaders should be aware: _____	
BMUMC provides NO personal insurance coverage for youth participants. Medical, dental, health and other personal coverages are the sole responsibility of the parent(s)/guardian(s) of the youth participant.	
<i>If Medical/Insurance info changes during the year, written notice must be provided to the Youth Director.</i>	
I am the parent or natural guardian of this child and have correctly provided and understand the above information.	
Parent/Guardian Name _____	Signature _____

Provide additional information such as interests, sports, and/or musical abilities on back of form.