

### UNDERGROUND TEENS YOUTH GROUP 2023-2024 REGISTRATION FORM

Student Name \_\_\_\_\_  Female  Male

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_ Student E-mail \_\_\_\_\_

Parent/Guardian Cellphone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student Cellphone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are there any unusual health conditions?  **YES**  **NO** (please include allergies)

If yes, please explain: \_\_\_\_\_

Is your child on any medications that we need to be aware of?  **Yes**  **No**

If yes, please list: \_\_\_\_\_

Does your child have any behavioral concerns that we need to be aware of?  **Yes**  **No**

If yes, please share with us the best way to handle your child during that time or anything that may help him or her feel comforted: \_\_\_\_\_

**YES**  **NO** (must check one) I give BMZ Church permission to post and/or print my child's photograph/video on newsletters, Church website, DVDs, bulletins/programs, Facebook and other social media (NO names will be posted). However, be aware that your child's image may appear in large group photos, even if you check no.

**YES**  **NO** I give permission for my student to walk or ride in BMZ Church van or other authorized vehicle on supervised field trips.

**YES**  **NO** BMZ Church has my permission to transport my child, named above, a nearby medical facility for necessary emergency treatment, if unable to contact me.

**YES**  **NO** I give permission for BMZ Youth Leadership to communicate with our family through texting and/or email to assure the parent and student have matching information on upcoming meetings, event, cancellations, etc.

**YES**  **NO** I, the parent, am willing to bring snacks, or potentially assist in other ways, for upcoming meetings, events, etc. if asked in advance.

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