

First United Methodist Church
6th – 12th Grade Sunday Class & Youth Group Registration

Youth's Name _____ **Age** _____

Date of Birth _____ Grade in school _____

School youth attends: _____

Parents Name _____

Address _____

1st contact phone (____) _____ 2nd (____) _____

Youth cell phone (____) _____

Parents email address (Please print) _____

Youths email address (Please print) _____

Name & Grade of siblings' _____

Hobbies/Sports/Music/etc. that youth is involved in: _____

Please list **any ALLERGIES**, food restrictions, learning limitations or other characteristics you feel our volunteers will need to know in order to best provide for Youth. _____

Yes ___ No ___ I hereby grant permission for my youth's name and/or photo to be used and displayed through publicity or program functions connected with First United Methodist Church Hartford.

Yes ___ No ___ I hereby grant permission to First United Methodist Church Hartford to take whatever steps necessary to obtain emergency medical care for my youth, if need be and I am not available.

Yes ___ No ___ I hereby give my Youth permission to go on Field Trips as long as this trip is stated in advance on the FUMC Hartford WI web-site, Newsletter, email, and/or written notice home and will not hold the Church responsible for an accident.

Yes ___ No ___ I hereby give my permission to allow my youth to view Christian Ed approved PG/PG-13 Movies during Youth Group.

Yes ___ No ___ I am interested in teaching or helping in a youth group event or Sunday School Class.

Yes ___ No ___ I am interested in being a Youth Group Leader/Chaperon.

Parent/Guardian Signature _____ **Date** _____

For Non-Members: I am interested in talking with the Pastor and learning more about the Methodist Church and possibly becoming a member. Yes _____ No _____ Maybe Later _____ If yes, when would you like the Pastor to contact you and at what number _____
