

youthFIRST 2023-2024 Family Registration Form

Revised 6/26/2023



Today's Date: _____

Who/What brought you here? A friend/relative Social media Other

If applicable, name of friend/relative: _____

1. Student's Name:
_____ (First and Last Name)
Grade _____ DOB: ____/____/____
Allergies/Medical Conditions: _____
School: _____
Cell: _____
Email: _____

2. Student's Name:
_____ (First and Last Name)
Grade _____ DOB: ____/____/____
Allergies/Medical Conditions: _____
School: _____
Cell: _____
Email: _____

3. Student's Name:
_____ (First and Last Name)
Grade _____ DOB: ____/____/____
Allergies/Medical Conditions: _____
School: _____
Cell: _____
Email: _____

4. Student's Name:
_____ (First and Last Name)
Grade _____ DOB: ____/____/____
Allergies/Medical Conditions: _____
School: _____
Cell: _____
Email: _____

Parent/Guardian 1 Name: _____
(First and Last Name)

Parent/Guardian 2 Name: _____
(First and Last Name)

Address: _____
(Street) (City) (State) (Zip Code)

Parent/Guardian 1 Cell: (_____) _____ Parent/Guardian 2 Cell: (_____) _____

Who should be the primary emergency contact? Parent/Guardian 1 Parent/Guardian 2

Parent/Guardian 1 Email Address: _____

Parent/Guardian 2 Email Address: _____

The above-named students have my full permission to participate in ministry programming at JupiterFIRST Church. I agree to release JupiterFIRST Church and its employees, volunteers, and representatives from any claim for personal injury or damages resulting from my family's participation in ministry programming at JupiterFIRST Church.

I do **NOT** give permission for my student(s) to be photographed/video recorded for church purposes.

Parent's Signature: _____

Date: _____