

SRAE YOUTH REGISTRATION FORM

First Name _____ Last Name _____

Gender _____ Age _____. Current Grade Level _____

Address: _____

City _____ State _____ Zip Code _____

Contact Phone Number _____

Email Address _____

In Case Of Emergency, Please Contact The Following:

Name _____

Relationship to Minor _____

Phone Number _____

RELEASE OF LIABILITY

I, _____, as the legal guardian(s) of _____ do consent to his/her involvement in SRAE youth program sponsored by The Worship Centre Church. If any injury or illness should occur while participating in youth program related activities, I do not hold The Worship Centre Church, its youth program or any of its leadership, or its Associates responsible in any way for any incident or accident that may occur while participating in youth program.

I have read and fully understand the above permission slip and I want my child to be allowed to participate in The Worship Centre Church youth program and its activities.

Signature (Legal Guardian): _____

Printed Name: _____ Date: _____

Medical Insurance / Policy Company Name: _____

Policy/ ID Number: _____

Phone Number: (____) _____ - _____

Does your child have any medical conditions, disabilities, or behavioral issues the staff should be aware of?

If yes, please provide a brief explanation and helpful tips for interacting with your child.

