

Grand Valley Methodist Youth Ministries
2019-2020 Youth Information and Registration

Youth Information

First Name _____ Last Name _____ Gender _____
Address _____
City _____ State _____ Zip _____
Cell Phone _____ Email _____
Birthday (MM/DD/YY) _____ Grade _____ School _____
Medical Conditions or Concerns _____
Allergies _____
Do you attend a church? If so, what church? _____
Have you been baptized? If so, list year and church. _____
Confirmed? If so, list year and church. _____

Parent/Guardian Information

Guardian Name(s) _____
Relationship to Youth _____
Home Address (if different) _____
City _____ State _____ Zip _____
Cell Phone _____ Work/Home Phone _____
Email _____

Emergency Contact

Name _____ Relationship _____
Cell Phone _____ Work/Home Phone _____

Siblings

Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____

Medical Information

Physician _____ Physician Phone _____

Address _____

Medical Insurance _____

Policy Number _____ Policy Holder _____

Insurance Phone _____

Allergies _____ Current Medications _____

Health Conditions or Concerns _____

Recent Injuries, Surgeries, or Hospitalization _____

Please provide any important information (medical or otherwise) that you feel would be relevant for registration: