

**Grace Baptist Church
Youth Registration & Authorization Form
For Year _____**

This form is to be taken home, completed and signed by the parent/guardian and returned to Grace Baptist Church.

PLEASE PRINT CLEARLY)

Youth Information

Name _____ Birthday _____ Grade _____
Address _____ Phone _____ Cell# _____
City _____ Prov. _____ Postal Code _____
Email _____

Emergency Information

Parent/Guardian _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____

I realize that all activities have inherent risks. Knowing this I agree to allow my child to participate in GBC regular programs and I accept all risks for any injury which may occur during the participation of my child. I also understand that I will be contacted further for events or activities that are not part of our regular programming. (for example camping trips, concerts, and ski trips).

If an emergency occurs during and I can not be reached, I hereby give my permission to a physician or dentist selected by the leadership of Grace Fellowship Baptist Church to hospitalize, to secure proper treatment, and/or to order and injection, anesthesia, or surgery for my child as deemed necessary. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

Printed Name of Legal Guardian _____ Date _____

Signature of Legal Guardian _____ Phone _____

Full Street Address _____

P.O. Box # (if any) _____

City _____ Postal Code _____

Revised for 2012

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Please fill out information below and leave at Youth

Youth Name _____ Birthday _____ Grade _____

Phone _____ Cell# _____ Email _____

Emerg. Contact _____ Phone# _____ Cell# _____