

Kingston Shared Youth Ministry

REGISTRATION & PERMISSION FORM

Youth Name: _____

Birth Date: _____ **School Grade in current year:** _____

Name of Church (if applicable) _____ **School:** _____

Parent / Guardian Name #1

Name: _____

Address: _____

Phone Number: _____ Email: _____

Parent / Guardian Name #2 (same as above)

Name: _____

Address: _____

Phone Number: _____ Email: _____

Does your child have any food or other allergies?

If yes please specify _____

Does your child have any special learning needs or health challenges that the leadership team should be aware of? (Any information that you disclose will be kept in confidence by the youth leadership team)

EMERGENCY CONTACT:
(someone other than parent/guardian)

Name: _____

Relationship to Youth: _____

Phone Number: _____

I give permission for the above named youth (who is under the age of 18) to participate in the youth ministry activities that are organized by any of the churches that are part of **Kingston Shared Youth Ministry** in the City of Kingston and surrounding area in Ontario, Canada. These churches include but are not limited to Christ Church Cataraqui - Anglican; St. Mark's Lutheran Church, Kingston; and St. James Anglican Church, Kingston.

Name of Custodial Parent/Guardian (please print): _____

Custodial Parent/Guardian signature: _____

Date: _____

