

Baldwin Community UMC
Youth Group 2024/2025

STUDENT INFORMATION:

Student's Name _____ Age _____ Birth Date _____

Most Recent Completed Grade _____

Address _____

City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION:

Name _____

Address (if different) _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email _____

Best way to contact you _____

PARENT/GUARDIAN INFORMATION (if different from above):

Name _____

Address (if different) _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email _____

Best way to contact you _____

OTHER APPROVED PICK-UPS:

Non-Guardians approved to sign-out and pick-up child after Youth Group (e.g. Grandparents, friends, etc.)

EMERGENCY CONTACT:

Relationship to Youth _____

Home # _____ Cell # _____

Physician _____ Phone # _____

Current medical conditions/medications _____

ALLERGIES _____

MEDIA WAIVER:

I/We the parents or guardians of the above-named student acknowledge that, by participating in the BCUMC Youth Group, my child's image may appear on the church website and social media (e.g. in publicity, group photos, or videos of musical performances), and give permission for its use in this manner.

Signature of Parent or Guardian:

Date:
