Grace Bible Fellowship Church
Youth Group Registration Form
2011-2012

Teen Information: (please print clearly)

Name: _____ Age: _____

Address: _____
City, State, Zip: _____

Home Phone: _____ Cell Phone: _____
Birth date: _____
School: _____ Grade: _____
Email Address: _____

Is your teen on Facebook: Yes No (Circle one)

Parent Information: (please print clearly)

Names _____

Both Parents live at home: Yes No (Circle one)

If not, which parent does the teen primarily live with: _____

(if different from teens **or** of non-primary parent)
Address: _____
City, State, Zip: _____
Phone: _____

Mom's Cell Phone: _____
Father's Cell Phone: _____

Email address: _____

Are you on Facebook: Yes No

Is it OK to email you updates regarding youth events: Yes No

Parent Sign Ups

I would be willing to help out the youth group in the following manner.
___ bake treats for youth events
___ help in the kitchen for varying events
___ drive teenagers to youth events, as needed
___ host a youth event at your home (progressive dinner, BBQ, etc…)
___ help clean up after youth events
___ Other: _____

Parental Permissions

Teenager Name: _____

Photos

By signing the following I agree to let pictures of my child appear on the church website, the youth group Facebook page or in print publications by the church.

_____ _____

Signature of Parent/Guardian Date

Travelling off church property

The youth leaders of Grace Bible Fellowship Church have planned several events throughout the year that will take place off church property. While we care deeply for each child placed under our care and endeavor to exercise the utmost care and caution, accidents do happen and we can in no way guarantee the safety of each person. By giving your consent you hereby agree to accept the risk and responsibility associated with these activities. You hereby further agree to waive any and all claims against Grace Bible Fellowship Church or any of its staff members.

_____ _____

Signature of Parent/Guardian Date

_____

Please Print Name

Nursery Service (for those teens who will be volunteering for childcare at church)

The following requires a signature from the above mentioned teen and their parents.

For the teen:

I understand that in serving as a volunteer or in a paid position for Grace Bible Fellowship Church that I am willing to abide by the Policies and Procedures set forth in the Risk Management Program to reduce the risk of Child Abuse in this church. I understand that child abuse is a serious matter and will do my part in the prevention of child abuse while serving at Grace Bible Fellowship Church.

_____ _____

Signature of Teen Worker Date

I do not know of any reasons why my child should not serve as a Teen Worker with minors. They do not demonstrate any signs of being a potential risk to the church.

_____ _____

Signature of Parent/Guardian Date