

North Shore Church Youth Registration Form

School Year _____ ---- _____ ID # _____

*Name _____

Birth Date _____ *Grade _____ School _____

Address _____

City _____ State _____ Zip Code _____

eMail _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Home Church _____

Doctor's Name _____ Phone _____

*Allergies _____

*Special _____

Instructions _____

*List Those Who _____

Can Pickup Child _____

Emergency Contact if Parent/Guardian Cannot be Reached

*Name _____ Relationship _____

*Phone _____

I give my permission to the staff of the North Shore Church children's programs to seek medical attention for my child if necessary while participating in such activities. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff, or those supervising liable.

Signature of Parent or Guardian: _____

Print Name _____ Date _____

FOR CHURCH USE: ___ WANS ___ MOPS ___ VBS