

Burke United Methodist Church
Youth Registration

Year _____

Name _____

Address _____

City, State, Zip _____

Home Phone # _____ Youth Cell # _____

Youth email address _____

Birth Date _____ Male _____ Female _____

School Attending _____ Grade _____

Parent(s) _____

Parent(s) email _____

Parent(s) cell # _____

Allergies _____

Other pertinent information _____

For office use only

Photo Release _____

Medical Consent Form _____

Permission/ Covenant of Conduct _____

Email Permission _____

Medications _____