

**FCC Youth Group Registration (6th- 12th)
September 2024-August 2025**

Please complete the registration form below and return to Margaret Schaffter or the church office. A separate registration form is required for Sunday School (Nursery-5th grade).

Youth Information			
Youth's Name	Preferred Name	D.O.B.	Grade

Youth Contact Information	
<p>Please fill out this section if you consent to your youth being contacted by email and/or phone number in accordance with the Safe Church Policy.</p>	
<p>_____</p> <p>Youth Email</p>	<p>_____</p> <p>Youth Cell Phone</p>

Parent/Guardian & Contact Information	
<p>_____</p> <p>Parent/Guardian's Name</p>	<p>_____</p> <p>2nd Parent/Guardian's Name</p>
<p>_____ <input type="checkbox"/></p> <p>Phone Number</p>	<p>_____ <input type="checkbox"/></p> <p>Phone Number</p>
<p>_____ <input type="checkbox"/></p> <p>E-mail Address</p>	<p>_____ <input type="checkbox"/></p> <p>E-mail Address</p>
<p><i>Please check off the phone number(s) and email address(es) you would prefer to receive communications.</i></p>	
<p>_____</p> <p>Preferred Mailing Address</p>	

Responsible Adult
<p>Fill out this section only if another adult (such as a grandparent) may bring the children/youth to church or pick them up.</p>
<p>_____</p> <p>Name</p>
<p>_____</p> <p>Relationship To Youth(s)</p>
<p>_____</p> <p>Phone Number</p>

Emergency Contact
<p>In case a parent/guardian or Responsible Adult is not present or cannot be reached – who should be contacted:</p>
<p>_____</p> <p>Name</p>
<p>_____</p> <p>Relationship To Youth(s)</p>
<p>_____</p> <p>Phone Number</p>

(Please turn over)

Special Considerations

Is there anything else we should know in order to create a safe and successful environment for your youth? This includes health considerations, allergies, physical limitations, dietary needs, and learning style. Please answer as needed for each child or youth:

Media Release

On occasion, pictures may be taken or video filmed during church activities. These photos may be shared with the congregation and/or the wider community. To comply with your wishes, we ask you to fill out the following.

I give permission for my youth's picture to be used in church publications.

OR

I DO NOT give permission for my youth's picture to be used in the following church publications. **Please check all that you wish to exclude:**

- | | |
|--|---|
| <input type="checkbox"/> Highlights Newsletter/Midweek Email | <input type="checkbox"/> FCC Website |
| <input type="checkbox"/> FCC Social Media | <input type="checkbox"/> Children's Ministry Brochure |

Parent/Guardian Consent

I agree and consent to allow my child to participate in youth group at First Congregational Church of Walla Walla. I give permission to authorize emergency medical treatment until such time as I can be contacted. I understand that a signed note of permission will be required for each event off church grounds or overnight events.

Parent/Guardian Signature

Date