

Living Water Church Youth Group Registration Form

Student Name (1 family per form)	Gender	Date of Birth	Age	Current Grade

Food Allergies: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Best way to contact: Email Text Phone

In case of emergency, we will attempt to contact parents first.

Emergency (other than parent): _____

Phone Number: _____

I grant permission to use pictures/videos taken during youth group for promotional purposes on the website and social media for Living Water Church. Individuals in the images will not be identified.

Parent/Guardian Signature: _____ Date _____