



*Plan To Protect*  
Registration Form 2018/19

Registration for: **Weekly Youth Ministry** (grades 6-12)

Youth's Name: \_\_\_\_\_

Age: \_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Will Your Child be walking/biking to Youth on his/her own? \_\_\_\_\_

Will Your Child be receiving rides from Youth with other people and do you give permission for this? \_\_\_\_\_ With whom? \_\_\_\_\_

Will Your Child be bringing any medications with him/her?  
Please list: \_\_\_\_\_

Does Your Child have and physical, emotional or behavioural concerns that our volunteers should be aware of? (if so, how would you like this to be addressed?)

\_\_\_\_\_

Allergies: \_\_\_\_\_

\*\* snacks and a canteen will often be available.

Family Doctor: \_\_\_\_\_ Dr.'s Phone # \_\_\_\_\_

Care Card # \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_