

IGNITION YOUTH GROUP REGISTRATION FORM

MEMBER CONTACT:

FIRST NAME: _____ FAMILY NAME: _____

BIRTHDAY: ____/____/_____

ADDRESS: _____

TOWN/SUBURB: _____ STATE: _____ POSTCODE: _____

HOME PHONE: (____) _____ MOBILE PHONE: _____

CURRENT SCHOOL: _____ CURRENT YEAR: _____

EMAIL: _____

ALLERGIES: ____

IF CHECKED PLEASE SPECIFY: _____

PARENT CONTACT:

PARENT'S NAME: _____ PHONE: (____) _____

PARENT'S EMAIL: _____

PARENT'S NAME: _____ PHONE: (____) _____

PARENT'S EMAIL: _____

EMERGENCY CONTACT:

Please list an individual and phone number other than any that appear above.

NAME: _____ PHONE: (____) _____

RELATIONSHIP TO YOUTH MEMBER: _____

Parent Signature

Teen Signature

PHOTOGRAPHY/VIDEOGRAPHY WAIVER: I understand that my child may be photographed or recorded on video during the course of youth ministry events. By initialling below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future youth group activities.

Initials of Parent/Guardian: _____