

Crossroads

Revision: 8-20-09

Student Information

Last _____ First _____ Middle _____

Preferred name / nickname _____ Birthday _____

School _____ Grade _____ Grad year _____ Male Female

Current church _____ Baptized Yes No

Address _____ City _____ State _____ Zip _____

Student E-mail address _____ Phone/Cell _____

Emergency Contact _____ Emergency Phone _____

Family information

Father's name _____ (Stepmother's name _____)

Home Phone _____ Cell _____ email address _____

Mother's name _____ (Stepfather's name _____)

Home Phone _____ Cell _____ email address _____

Guardian's name _____ (if applicable)

Phone _____ Cell _____ email address _____

Do your parents attend this church? Yes No

Are they in a small group? Yes No Small Group Leader _____

Brothers/sisters

Name _____ Age/grade _____

Name _____ Age/grade _____

Name _____ Age/grade _____

Name _____ Age/grade _____

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Registration

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Yes I am interested in or committed to attending and participating in the following:

- Crossroads..... Wednesday Evening 7:00-8:30

Medical Conditions/Allergies/Special Needs

Photo Release/Waiver

As a participant in this program, I recognize that periodically, the Youth Ministry staff takes pictures and/or videotapes youth gatherings and activities to be used in publicizing the program/ministry within the congregation. In registering for this program, I agree to the above.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____