

Youth REGISTRATION SHEET
Armory Church

Today's Date: _____

I. FAMILY INFORMATION

Youth's Name: _____ Nickname: _____

Birthdate: _____ Age: _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Address: _____ Apt. _____

Phone: _____ Cell Phone: _____

May we post pictures of your child on Social Media: _____ Include their picture in advertising or newsletters _____

II. OTHER ADULTS WHO YOU APPROVE OF TO TAKE YOUR CHILD HOME:

(Youth will not be allowed to leave with any other person without written authorization from parent or guardian)

Name: _____ Relationship: _____ Tele. # _____

Name: _____ Relationship: _____ Tele. # _____

III. KNOWN ALLERGIES:

IV. MEDICATIONS:

V. AUTHORIZATION TO BE DISMISSED WITHOUT PARENT/GUARDIAN PICK-UP

(Only applies to 1st - 6th Graders)

I give permission for my child, _____, to be dismissed from **CHURCH** and be responsible on their own to find me **OR TO WALK HOME**. Hereby releasing Armory Church, it's staff, and volunteers from responsibility.

Signature of Parent/Legal Guardian

Date