



# Registration Form

Today's Date: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
First & Last

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
First & Last

Mailing Address \_\_\_\_\_  
Address City State Zip Code

**Parents & Guardians:** True North Church occasionally takes photos and/or videos of youth engaging in church activities which may be used on our website, Facebook page, or Instagram page during church activities or on other social media. By registering my student, I understand that True North Church may use pictures that include my student and that no personal information about any students will appear with pictures. If we have permission to tag your child's photos in social media, please mark the box below.

Parent's Signature \_\_\_\_\_

☐ My child's pictures may be tagged in social media ☐ I would like more information ☐ I would like information about opting out

## Please List Student's First & Last Name

**Student 1** \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
School Grade \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies, Health, or Behavior Concerns \_\_\_\_\_  
Student's Address (if different than above) \_\_\_\_\_  
Address City State Zip

**Student 2** \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
School Grade \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies, Health, or Behavior Concerns \_\_\_\_\_  
Student's Address (if different than above) \_\_\_\_\_  
Address City State Zip

**Student 3** \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
School Grade \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies, Health, or Behavior Concerns \_\_\_\_\_  
Student's Address (if different than above) \_\_\_\_\_  
Address City State Zip

**Student 4** \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
School Grade \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies, Health, or Behavior Concerns \_\_\_\_\_  
Student's Address (if different than above) \_\_\_\_\_  
Address City State Zip

Please list any additional students on the back and return the filled out form to the group leader or helper when you are done.