

2009-2010 Youth Group Registration Form

Kindergarten – High School

PLEASE FILL OUT BOTH SIDES OF THIS FORM AND RETURN IT TO EPBC.

Parent/Guardian Information

Last Name	First Name		
Address	City	State	Zip
Home Phone []	Cell []		
Email			
Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
What church do you attend?			

Child/Children Information [Please fill in for all children attending youth groups]

Last Name	First Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age	Birthday	Email	
Grade	School	Cell []	
Has your child been active in a youth group before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age	Birthday	Email	
Grade	School	Cell []	
Has your child been active in a youth group before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age	Birthday	Email	
Grade	School	Cell []	
Has your child been active in a youth group before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last Name	First Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age	Birthday	Email	
Grade	School	Cell []	
Has your child been active in a youth group before? <input type="checkbox"/> Yes <input type="checkbox"/> No			

How did you hear of EPBC's youth groups? _____

Please specify medical drugs, allergies, medical conditions or other we should be aware of:

Emergency Contact

Name	Phone []	Relation
Name	Phone []	Relation

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Elmwood Park Bible Church ● 2334 N 75th Ave, Elmwood Park, IL 60707
 708-453-4012 ● epbcinfo@elmwoodparkbible.org ● www.elmwoodparkbible.org

Elmwood Park Bible Church

Youth Group Liability, Medical & Photo Release

I, The undersigned parent/legal guardian of _____ do hereby authorize medical, dental, or surgical treatment under the direction of any licensed physician of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

I agree to assume the responsibility for any and all costs connected with such treatment and hereby release Elmwood Park Bible Church and their officers, staff, workers, and volunteers from any liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child in the course of participating in the Elmwood Park Bible Church youth group program.

I also authorize Elmwood Park Bible Church and their officers, staff, workers, and volunteers to take and publish photographs of the above named minor in the course of participating in the Elmwood Park Bible Church youth group program.

Name	Relationship	
Cell Phone	Home Phone	Other Phone
Signature of Parent or Legal Guardian	Date	

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