

REAL ESSENTIALS YOUTH REGISTRATION FORM

First Name _____ Last Name _____

Gender _____ Age _____ Current Grade Level _____

Address: _____

City _____ State _____ Zip Code _____

Student phone number _____

Student email address _____

Parent/Guardian phone number _____

Parent/Guardian email _____

Please list any food allergies or dietary restrictions: _____

Has the attendee experienced foster care or adoption?

☐ Yes

☐ No

Does the attendee have any medical conditions, disabilities, or behavioral issues the staff should be aware of?

☐ Yes

☐ No

If yes, please provide a brief explanation and helpful tips for interacting with the attendee.

PHOTO RELEASE

Photos taken at this event may be published to our website, social media accounts, or other promotional materials. Do you consent for images and/or videos of your student to be used for marketing and/or promotional purposes?

☐ Yes

☐ No

EMERGENCY INFORMATION

In case of emergency, please contact the following:

Name _____

Phone Number (____) _____ Relationship to attendee _____

Medical Insurance / Policy Company Name: _____

Policy/ ID Number: _____

RELEASE OF LIABILITY

I, _____, as the legal guardian of _____, do consent to his/her involvement in the Real Essentials youth program, sponsored by The Worship Centre Church. If any injury or illness should occur while participating in youth program related activities, I do not hold The Worship Centre Church, its youth program, any of its leadership, or its associates responsible in any way for any incident or accident that may occur while participating in the program.

I have read and fully understand the above statement and give my permission for my student to participate in the Real Essentials youth program and its activities.

Printed Name: _____

Legal Guardian

Signature : _____ Date: _____