

**Grace Bible Fellowship Church  
Youth Group Registration Form**

**Teen Information: (please print clearly)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Is your teen on Facebook:      Yes              No              (Circle one)

**Parent Information: (please print clearly)**

Names \_\_\_\_\_

Both Parents live at home:    Yes              No              (Circle one)

If not, which parent does the teen primarily live with: \_\_\_\_\_

(if different from teens **or** of non-primary parent)

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_  
Father's Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you on Facebook:      Yes              No

Is it OK to email you updates regarding youth events:    Yes              No

**Parent Sign Ups**

I would be willing to help out the youth group in the following manner.

- \_\_\_ bake treats for youth events
- \_\_\_ help in the kitchen for varying events
- \_\_\_ drive teenagers to youth events, as needed
- \_\_\_ host a youth event at your home (progressive dinner, BBQ, etc...)
- \_\_\_ help clean up after youth events
- \_\_\_ Other: \_\_\_\_\_

**Parental Permissions**

Teenager Name: \_\_\_\_\_

Photos

By signing the following I agree to let pictures of my child appear on the church website, the youth group Facebook page or in print publications by the church.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Travelling off church property

The youth leaders of Grace Bible Fellowship Church have planned several events throughout the year that will take place off church property. While we care deeply for each child placed under our care and endeavor to exercise the utmost care and caution, accidents do happen and we can in no way guarantee the safety of each person. By giving your consent you hereby agree to accept the risk and responsibility associated with these activities. You hereby further agree to waive any and all claims against Grace Bible Fellowship Church or any of its staff members.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

Nursery Service (for those teens who will be volunteering for childcare at church)

The following requires a signature from the above mentioned teen and their parents.

For the teen:

I understand that in serving as a volunteer or in a paid position for Grace Bible Fellowship Church that I am willing to abide by the Policies and Procedures set forth in the Risk Management Program to reduce the risk of Child Abuse in this church. I understand that child abuse is a serious matter and will do my part in the prevention of child abuse while serving at Grace Bible Fellowship Church.

\_\_\_\_\_  
Signature of Teen Worker

\_\_\_\_\_  
Date

I do not know of any reasons why my child should not serve as a Teen Worker with minors. They do not demonstrate any signs of being a potential risk to the church.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date