

KNOLLWOOD BAPTIST CHURCH

YOUTH MINISTRY FORM

YOUTH FULL NAME: _____

PREFERRED NICKNAME: _____ DATE OF BIRTH _____

SCHOOL: _____ GRADE: _____

SIBLINGS NAMES AND AGES: _____

YOUTH EMAIL: _____ YOUTH PHONE: _____

PARENT/GUARDIAN NAME: _____

PARENT EMAIL: _____ PARENT PHONE: _____

PARENT/GUARDIAN NAME: _____

PARENT EMAIL: _____ PARENT PHONE: _____

SECONDARY EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOUTH: _____ PHONE: _____

DOES YOUTH HAVE ANY RESTRICTION TO PHYSICAL ACTIVITY OR PARTICATION IN YOUTH GAMES?

DOES YOUTH HAVE ANY SPECIAL DIETARY NEEDS/RESTRICTIONS?: _____

WHAT ARE YOUTH'S INTERESTS/ACTIVITIES AT KNOLLWOOD? _____

WHAT ARE YOUTH'S INTERESTS, HOBBIES, OR EXTRACURRICULAR ACTIVITIES?

ADULTS AUTHORIZED TO PICK UP MY YOUTH FROM ACTIVITIES (PLEASE NOTE IF THEY WILL BE RIDING WITH OLDER SIBLING):

IF YOU HAVE ADDITIONAL, IMPORTANT INFORMATION TO SHARE REGARDING YOUR YOUTH THAT WOULD BE HELPFUL FOR KBCYM, PLEASE CONTACT THE YOUTH MINISTER DIRECTLY.