

ROCK

Middle School Youth Group Registration

Today's Date: _____

Is this your first time coming to R.O.C.K. Yes No

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State/Zip: _____

Home Phone #: _____ Child's Cell Phone #: _____

Child's E-Mail Address: _____

School: _____ Grade: _____

Parent Name: _____

Parent Cell Phone #: _____ Parent E-Mail: _____

EMERGENCY CONTACT: (Different from above)

Name: _____ Relation: _____

Home Phone #: _____ Cell Phone #: _____

ACTIVITIES/INTERESTS:

What do you like to do after school, sports, extracurricular activities etc. and when do they meet?

Activity	When do you meet; have performances; games etc.

Medical History:

Is the Candidate taking any medication that needs to be given during class? If yes, what medication and when is it to be given?

Does the candidate have any medical conditions or allergies we need to be aware of?

Photograph and/or Video Consent and Release:

By Signing below, I hereby grant Holy Name of Jesus the right to photograph and/or videotape the Candidate and further use his/her name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without any reservation, limitation or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of Candidate's name, face, likeness, voice and appearance.

Signature of Parent/Guardian: _____

Date: _____