

Bethany Presbyterian Church Youth Group Update Form

STUDENT INFORMATION:

Last Name: _____

First Name: _____ Preferred Name: _____

Address: _____

City / State: _____

Zip Code: _____

Birth Date: _____

Age: _____

School Grade: _____

Gender: _____

Home Phone: _____

Student Cell Phone: _____

Student Email: _____

Allergies / Medical Conditions: _____

PARENT INFORMATION:

Please check if sibling is enrolled and list name(s) _____

Household information below may be completed once per family for listed student and siblings

Father's Name: _____

Father's Cell Phone: _____

Father's Email: _____

Mother's Name _____

Mother's Cell Phone: _____

Mother's Email: _____

Photo/Video Release for Minor Child

By signing below, I grant Bethany Presbyterian Church and its staff and volunteers the right to take photographs of my minor child in connection with church activities. I agree that Bethany Presbyterian Church may use photographs of my child for lawful purposes, including, for example, publicity, publication, the official BYG Facebook page, and web content. All use of pictures will be strictly monitored and used in appropriate ways. Parents will have absolute access to view all pictures used in any of these venues and will be allowed to remove any/all pictures involving their child/children.

To refuse this permission, please check this box:

Parent/guardian Signiture _____

Date _____