

LIVING ROOM YOUTH 2021/22 Registration Form



YOUTH Information (please print)

Name: _____ Grade/Age: _____

Address: _____

Phone: _____ Email: _____

School: _____ Birthdate: _____

Allergies: _____ Medication: _____

Healthcard # _____ Doctor: _____

Parental Consent (check the ones consent is given for):

- ☐ Contact from same gender youth leader via
 - ☐ phone ☐ text ☐ social media ☐ email
- ☐ Rides when necessary from same gender youth leader
- ☐ Images used by Church of God in print, video or web content
- ☐ Administration of medication if needed while away on Retreat or events

If you have more than one Grade 6-12 youth in the same household:

Name: _____ Grade/Age: _____

Address: _____

Phone: _____ Email: _____

School: _____ Birthdate: _____

Allergies: _____ Medication: _____

Healthcard # _____ Doctor: _____

Parental Consent (check the ones consent is given for):

- ☐ Contact from same gender youth leader via
 - ☐ phone ☐ text ☐ social media ☐ email
- ☐ Rides when necessary from same gender youth leader
- ☐ Images used by Church of God in print, video or web content
- ☐ Administration of medication if needed while away on Retreat or events

Name: _____ Grade/Age: _____

Address: _____

Phone: _____ Email: _____

School: _____ Birthdate: _____

Allergies: _____ Medication: _____

Healthcard # _____ Doctor: _____

Parental Consent (check the ones consent is given for):

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- ☐ Administration of medication if needed while away on Retreat or events

TURN OVER

PARENT/GUARDIAN Information (please print)

Parent/Guardian ONE:

Name: _____ Relation to Youth: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian TWO:

Name: _____ Relation to Youth: _____

Address: _____

Phone: _____ Email: _____

EMERGENCY CONTACT Information (please print)

Name: _____ Relation to Youth: _____

Address: _____

Phone: _____

PARENTAL/GUARDIAN Consent and Release of Liability

In consenting with COGMJ Living Room Youth Ministry, I/we understand that this is a Jesus-focused program. It may involve spiritual and emotional challenges. Every lesson and activity is carefully planned and supervised by the youth pastor and leaders. However, even with the best of planning, unforeseen events can happen. By signing this form, I/we agree to assume and accept all risk of any and all hazards that could occur. I/we also release the youth pastor and other leaders from any liability for any damage, loss or injury to the youth listed above.

PARENT ONE Signature: _____ Date: _____

PARENT TWO Signature: _____ Date: _____

**Please return completed forms to Pastor Nathan in
person or scan and email them to:
pastornreich@gmail.com**



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