

# Hillmon Grove Youth Ministry, 2023-2024

## Youth Information

Name \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth Cell # \_\_\_\_\_ Youth Email \_\_\_\_\_

## Parent/Emergency Contact Information

Parent \_\_\_\_\_

Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent \_\_\_\_\_

Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

**I give permission for my youth to participate in all scheduled Hillmon Grove Youth Ministry events in 2023 to 2024 and to be transported in ministry-approved vehicles by ministry-approved drivers.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_