

LOGOS 2 and High School Youth Registration
St. Andrew United Methodist Church

Youth's Name: _____

Age and Grade: _____

Parent/Guardian Name(s) and Phone Number(s):

Address: _____

Are there custodial issues that we should be aware of? Yes _____ No _____

Name and Phone Number to be contacted if parents/guardians are unavailable:

Persons authorized to pick up youth from St. Andrew _____

*PLEASE NOTE: We will not release the youth to anyone not listed, regardless of relationship.

Allergies – Please list if there are any: _____

I give my permission to St. Andrew United Methodist Church to photograph my child participating in church activities for the purpose of church media and communication.

Yes _____ No _____

This youth has my permission to participate in St. Andrew UMC youth ministry events including being transported to events by the church staff and/or volunteers.

Yes _____ No _____

Signature: _____