

## Registration Form for the Junior Youth Empowerment Program

Dear Parent or Guardian,

This registration form confirms your consent to have your junior youth to attend the biweekly **Junior Youth Group**. Please do not hesitate to contact us with any questions.

Name of Junior Youth: \_\_\_\_\_

Birth Date of Junior Youth: \_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Junior Youth Phone: \_\_\_\_\_

Emergency Name and Contact #: \_\_\_\_\_

Email of Parents: \_\_\_\_\_

Email of Junior Youth: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_