Southside Youth Information Form

Child's Full Name:			
Birth Date:	Age_	Sex	
Name of Parent/Guar	dian:		_
Home Address:			
GradeSchool_		Ministry Invol	vement
hone	Mom's cell	Dad's cell	Youth's cell
email	Dad's email	Youth's email	Additional email
ncy Contact	Name	Phone	Email
Health information	(Please list any allergies,	medications, health concer	rns, etc.):
T (1	1911 11 (1 1		
	r child should not be rele		
to?			
	Couthaide M.D. (Church Photo Release Forn	_
	Southside M.D. C	murch Fhoto Release Form	II.
Southside M.B. Chu	rch includes photos of chi	urch activities and events on	i its website and publication
		side M.B. Church to use pho	
•	• •	rm of communication and pu	
Ci	naren weesne and other to	im of communication and pe	doneutions.
We/I hereby do	not give permission for So	outhside M.B. Church to use	photos on the Southside M.F.
Cl	nurch website and other fo	rm of communication and pu	ablications.
Permission to Partic	ipate in Church Activition		
	-		
		ch -Youth Ministry/Children	
•		C	risk and hazards incidental i
such participation; an	d I do here by waive and r	elease absolves, indemnify a	and agree to hold harmless th
Southside M. B. Chur	rch Inc., teachers, voluntee	ers, youth leaders, pastor and	other official Board
		_	coverage for any injuries that
	-	d and understand this state	
	•		
Parent Signature/Lega			
	al Guardian		
	al Guardian		
Date	al Guardian		_