

All the Info Form

Seymour UMC Youth



Household Information

Household Address: _____

Emergency Contact (name/number): _____

Emergency Contact (name/number): _____

Parent/Guardian

Name: _____

Phone: _____

E-mail: _____

Text Info Updates? ___ Yes ___ No

Email Info Updates? ___ Yes ___ No

Are you willing to help with any of the following?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Food | <input type="checkbox"/> Local Mission | <input type="checkbox"/> Resurrection |
| <input type="checkbox"/> Breakfast Table | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Middle School Activities | <input type="checkbox"/> Snack Supper |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Group Activities | <input type="checkbox"/> Mission Trip | <input type="checkbox"/> Summer Activities |
| <input type="checkbox"/> Finance | <input type="checkbox"/> High School Activities | <input type="checkbox"/> Parent Activities | <input type="checkbox"/> Youth Coordinator |

Do you have a special gift you love to share, or is there anything you particularly enjoy doing?

Parent/Guardian

Name: _____

Phone: _____

E-mail: _____

Text Info Updates? ___ Yes ___ No

Email Info Updates? ___ Yes ___ No

Are you willing to help with any of the following?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Food | <input type="checkbox"/> Local Mission | <input type="checkbox"/> Resurrection |
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| <input type="checkbox"/> Finance | <input type="checkbox"/> High School Activities | <input type="checkbox"/> Parent Activities | <input type="checkbox"/> Youth Coordinator |

Do you have a special gift you love to share, or is there anything you particularly enjoy doing?

Youth

Name:		
School:	Grade:	Birthday:
Baptized? ___ Yes ___ No	Confirmed? ___ Yes ___ No	
Food/Drug Allergies:		
Other Medical Conditions:		

Youth

Name:		
School:	Grade:	Birthday:
Baptized? ___ Yes ___ No	Confirmed? ___ Yes ___ No	
Food/Drug Allergies:		
Other Medical Conditions:		

Youth

Name:		
School:	Grade:	Birthday:
Baptized? ___ Yes ___ No	Confirmed? ___ Yes ___ No	
Food/Drug Allergies:		
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Youth

Name:		
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Food/Drug Allergies:		
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