



# Seymour United Methodist Church Youth Funds Registration Sheet.

Youth's  
Name: \_\_\_\_\_

Event: \_\_\_\_\_

Payment: \_\_\_\_\_

Use Youth's Account?        Yes                No    

Current Medical Release on File?        Yes                No    

**Type of Confirmation:**

Email \_\_\_\_\_ (or)

Phone \_\_\_\_\_

**By signing and returning this form I am knowingly registering my youth to attend the above event. By signing this form I am stating that the information contained on the Medical Release is current and correct. I also acknowledge that the rules and regulations of the Seymour Youth Group will be in place and that my youth will observe said rules.**

    X     \_\_\_\_\_

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

Parent or Guardian

NOTES: