

2016-2017 CORNWALL YOUTH GROUP REGISTRATION FORM

STUDENT NAME _____

DOB _____ AGE _____ GRADE _____

SCHOOL _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL # _____ WORK # _____

HOME # _____ EMAIL _____

EMERGENCY CONTACT _____

Relationship _____ CELL # _____

HOME # _____ WORK # _____

HOW WILL YOUR CHILD/TEENAGER BE GETTING HOME FROM YOUTH GROUP? _____

PLEASE PROVIDE INFO. ABOUT INDIVIDUALS YOUR CHILD HAS PERMISSION TO GO HOME WITH, NAMES AND RELATIONSHIPS, ANY INFORMATION THAT IS HELPFUL.

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Is your child allergic to any medication and/or foods? Yes _____ No _____

If yes, please list _____

Does your child require any special accommodations? If yes, please describe: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

My signature authorizes the CORNWALL YOUTH GROUP to use a photograph of my child named on this form in publicity materials, including Facebook and Website. My signature also authorizes my child to be treated by the first available medical facility and physician should the need arise, and authorizes emergency contact listed above to pick up my child from the program and make decisions regarding my child if I am not available.

Cornwall Presbyterian Church
222 Hudson Street
Cornwall on Hudson, NY 12520
(845) 534-2903
pastor@cornwallpresbyterian.org

Cornwall United Methodist Church
196 Main Street
Cornwall, NY 12518
(845) 534-2794
Julia.winward@nyac-umc.com

St. Johns Episcopal
PO Box 783
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parishoffice@stjohnscornwall.org