Dulin United Methodist Church
Youth Information Form

Youth's Name _____

Nickname _____

Date of Birth (mm/dd/yy) _____Grade - School Year 2011-12_____

Name of School for 2011-2012 _____

Allergies/Medical Information:

_____

_____

Other concerns:

_____

_____

_____

_____

Parent's Name _____

Address_____

City, State ZIP _____

Home Telephone _____Cell _____

E-Mail _____

Name(s) of person(s) who may pick this youth up from activities:

_____

Emergency Contact: (other than parent)

Name _____ Phone_____

Are you willing to help with youth activities? Yes No

Have you attended Dulin's child protection training? Yes No

For Office Use Only	PR	App_____	Napp_____