


SAINT MARK'S  
EPISCOPAL CHURCH   
YOUTH

Registration Form

School Year: \_\_\_\_\_

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

Name of Parent (s) / Guardian (s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred Communication? \_\_\_\_\_

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Additional Information (allergies, other health concerns, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Additional Information (allergies, other health concerns, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Additional Information (allergies, other health concerns, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Have you remembered to:

- Fill-out a Health and Wellness form and Media-release form (to register your preferences on the use of photography) for each youth enrolled above?