



ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE
OF NORTH AMERICA

YOUTH REGISTRATION FORM

PARISH:
Parish Name Parish City, State/Province

This form helps us maintain records of our Youth Program participants. Please complete for all minors (18 and under) who will be participating in Sunday church school or teen program activities this year.

PLEASE PRINT CLEARLY

Parent/Guardian Name(s)

Parent/Guardian Phone Number(s)

Emergency Contact Name

Month Year

Address

Parent/Guardian Email Address(es)

Emergency Contact Phone Number

Child's Name	Child's Birthdate	Enrolling In: Check all that may apply: Sunday Church School Teen Program	If relevant, please share any food allergies/restrictions, special medical needs, or other considerations it is important for Youth Workers to know.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

Diapering/Toileting: I give permission for Youth Workers to help my child(ren) listed below with diapering/toileting in emergency situations. NO YES
Name(s):

Custody Release: Other than the Parents/Guardians listed above, I give permission for my child(ren) to be released from Youth Program events to the individuals listed below: NO YES
Name(s):

I understand that the parish is not responsible for supervising minors before or after formal Youth Program start and end times. As the parent/guardian of the minors listed above, I understand that I am required to supervise my minors (especially Young Children) at all times outside of formal Youth Program events on parish grounds.

Parent/Guardian Signature: _____ Date: _____