

YOUTH REGISTRATION

Please completely fill in the blanks below.

AGE OF YOUTH

FIRST NAME

LAST NAME

HOME ADDRESS

CITY

STATE

ZIP CODE

PARENT / GUARDIAN NAME

PHONE NUMBER (IN CASE OF EMERGENCY)

FOR OFFICE USE ONLY)

WK 1 Y N

WK 2 COLOR

PLACE PHOTO HERE

PARENTAL PERMISSION

DESCRIPTION OF OUTING: **A DAY AT THE LAKE (FISHING OUTING).**

GROUP SPONSORING: **BETHESDA TEMPLE MEN'S OUTREACH**


My child (name) _____ has my permission to go on the above-described outing/activity with the Men's department of Bethesda Temple.

PHOTOGRAPH/VIDEO WAIVER

I as parent/legal guardian authorize that my child named above may be photographed/videotaped and waive all claims by myself or my child for remuneration in any form for the use of such photographs/video tapes for educational programs, public relations programs, and newspaper or other media use.

 PARENT / GUARDIAN SIGNATURE

 DATE

 You may email this completed form to: **Bethesdatemplechurch@yahoo.com**, or click the "Submit Button" to send electronically.

