



CHOSEN YOUTH CONTACT FORM
PLEASE PRINT LEGIBLY

Your Full Name:				
Nick Name:				
Email Address:				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /		
Cell Phone:		Home Phone:		
How would you prefer we contact you? (Circle one) Email Phone Text				
Mailing Address:				
Current School:		Current Grade:		
Are you interested in being a Student Leader? (Circle One) YES NO				
Please Check the Social Media Sites you <u>CURRENTLY</u> use:				
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Snap Chat	<input type="checkbox"/> Instagram	<input type="checkbox"/> Periscope
<input type="checkbox"/> You Tube	<input type="checkbox"/> Pinterest	<input type="checkbox"/> Pinterest	<input type="checkbox"/>	<input type="checkbox"/>
Please list any activities currently involved in at school or in the community:				
Check area(s) you are interested in getting involved:				
<input type="checkbox"/> Media		<input type="checkbox"/> Greeters		
<input type="checkbox"/> Children's Ministry (Kid's Light)		<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Singing/Worship Team (16 & up and Audition Required)		<input type="checkbox"/> Ushers		
<input type="checkbox"/> Service Projects		<input type="checkbox"/> Hospitality		
<input type="checkbox"/> Student Leadership		<input type="checkbox"/> Mentoring		
<input type="checkbox"/> Website/Graphic Designing		<input type="checkbox"/> Event Planning (Youth)		
STUDENT MEDICAL INFORMATION				
Allergies:		Medical Conditions:		
Medications:				
Any other pertinent information you would like to share?				



PARENT/GUARDIAN #1 – CONTACT INFO		<input type="checkbox"/> Please check here if mailing address is the same as the child	
Full Name:			
Address (if different from student's):			
Phone Number:		Cell Phone:	
Email Address:			
Preferred method of contact: <input type="checkbox"/> PHONE <input type="checkbox"/> TEXT <input type="checkbox"/> EMAIL			
PARENT/GUARDIAN #2 – CONTACT INFO		<input type="checkbox"/> Please check here if mailing address is the same as the child	
Full Name:			
Address (if different from above):			
Phone Number:		Cell Phone:	
Email Address:			
Preferred method of contact: <input type="checkbox"/> PHONE <input type="checkbox"/> TEXT <input type="checkbox"/> EMAIL			
PHOTO RELEASE			
Bethel Family Worship Center, Inc. /Chosen Youth Ministry often take pictures of youth events and use them in promotional materials (i.e., website, videos, etc.). Please indicate below your preference for using your child's image in this way:			
<input type="checkbox"/> YES, BFWC/Chosen Youth Ministry <u>MAY</u> use my child's picture for promotional purposes. <input type="checkbox"/> NO, BFWC/Chosen Youth Ministry <u>MAY NOT</u> use my child's picture.			
IN CASE OF EMERGENCY			
ANOTHER name of guardian/relative in event parents cannot be reached:	Relationship:	Cell Phone no: () -	Home Phone no: () -
By signing below you give permission for your child to participate in t he Bethel Family Worship Center, Inc. Chosen Youth Ministry.			
Parent/Guardian's Name (PRINT)			
Parent/Guardian's Signature			