



Davie United Methodist Church  
Youth Ministry

6500 SW 47 Street • Davie, Florida 33314 USA • 954-581-0920  
Senior Pastor: Rev. Zig Bays • Youth Pastor: Mike Green

Youth Registration / Information Form

Youth's Full Legal Name: \_\_\_\_\_

Youth's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s):  
\_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Numbers where I may be reached: \_\_\_\_\_ or \_\_\_\_\_

Primary email: \_\_\_\_\_

Other Authorized Emergency Contact Person(s):	Relationship(s):	Phone Number(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

How does your child or children get to and from church? \_\_\_\_\_

List everyone that MAY pick up your child: \_\_\_\_\_

\_\_\_\_\_

List everyone that MAY NOT pick up you child: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

List any known medical problems we should be aware of: \_\_\_\_\_

\_\_\_\_\_

Parent(s)/Guardian(s):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_