

PGV CONFIRMATION STUDY SERIES 2022-23 REGISTRATION FORM

*Please complete this fillable PDF and email it to the YYAMWG convener,
Rev. Michelle Allen, at pastor@EastAvonChurch.com*

Participant's Full Name: _____ **Birthday:** _____

Participant's Email Address: _____ **School Grade Level:** _____

Allergies/Needs: _____

Parent/Guardian Info:

Name: _____ **Phone Number:** _____

Address: _____ **Email Address:** _____

Participant's Primary Care Physician: _____ **Phone Number:** _____

Medical Insurance Carrier: _____ **Membership ID:** _____

Name of Primary Insured: _____ **Relationship to Participant:** _____

Additional Emergency Contact Name: _____ **Phone Number:** _____

I certify that the youth named above is in good health and I consider them capable of the activities taking place. I agree to them taking part in youth activities and participating in youth group oriented social media interactions. In the event of an accident, I consent to any necessary medical treatment which might include the use of Tylenol, adhesive bandages, and/or disinfectant products. In an emergency I consent to treatment by medical health professionals, if considered necessary.

_____ I give permission for photos/video to be taken for the purposes of social media, PGV media, press releases, etc.

Signature of Parent/Guardian: _____ **Date:** _____