



TNT REGISTRATION FORM

Fall Session: 10/1, 10/29, 11/5, 11/19, 12/10

Spring Session: 1/7, 1/21, 2/11, 2/25, 3/11, 4/8, lead worship 4/15

Program Time: Sundays from 5:00 – 7:00 P.M.

Fall Session: \$25 _____; Spring Session \$25 _____; Both Sessions:\$40 _____

Addtl Participants: Fall Session \$20 _____; Spring Session: \$20 _____; Both Sessions \$35 _____

Youth's name _____ Nickname _____

Birth date _____ Current age _____ Grade _____

Allergies or other health concerns: _____

Important information we need to know about your youth:

Parent(s)/Guardians _____

Address _____

Email(s) _____

Phone: (H) _____ (C) _____ (W) _____

Emergency contact: Name _____ relationship _____

Contact Information _____

Medical Insurance _____

In case of an emergency and we are unable to contact you or your emergency contact, do we have permission to seek medical help from a licensed doctor or dentist? Yes / No

Parent signature _____

Family Doctor _____ phone _____

Family Dentist _____ phone _____

Photo/Video waiver: I understand that my child may be photographed or recorded during TNT events. By initialing below I give consent for their image to be used in either print, electronic or video form for the promotional purpose of future DPC youth events. I also understand that my child's name will remain anonymous.

Initials of parent or guardian: ____