

Eastern Shore Youth Group 2023-2024

Youth Name: _____

Grade _____ School: _____

Parent/Guardian Name(s): _____

Address: _____

Parent Phone #: _____

Youth Phone #: _____

Any Allergies we need aware of (For snack, activities): _____

_____ Check here if you give permission for us to utilize photos with your child for our advertising flyers, social media, etc.

Acceptable Pick Ups for your children from Youth Group:
(List additional on the back if you need)

Name	Relation to Youth