

St. John's Youth Ministry 2017-2018 Registration Form

Name:	Grade:	Date of Birth	:
Address:		City:	
Home Phone:	Youth Ce	ell:	
School:	Youth Email: _		
Parent's Name(s):			
Parent's Cell:	Parent Er	nail:	
In case of last minute cancellations or concumstances, we would like to send you a text message? (Y) or (N) please circle one. Ministries: (circle if interested)	ou a text message to keep		
Musician Instrument played	Singer Service	Squad TORCH	Ember
As a member of the IGNITE Youth reflect Christian values since I have 1. I will respect and cooperate upholding expectations during language or engaging in received. 2. I will reach out to known an and treat everyone with diguiding and participating and participating and participating and participating and participating and problems with 5. Drugs (and/or paraphernalism at any time. I understand the purpose of this coverage and grace at IC model of God's love and grace at IC model.	a responsibility, an opp with IGNITE leaders a ing IGNITE and IGNIT kless behavior. Ind unknown friends to vanity and respect. fun, Christian atmospherictively. Ironment for my peers are cout fear of ridicule. In alcohol, cigarettes or enant is to ensure the sa	reaction of all participants	t all times ge to honor God. all rules and sing abusive them as they are, fidentiality, are ideas, ll not be used by . I will be a
Youth's Signature:		Date:	
Parent's Signature:		Date:	