



**REGISTRATION FORM**  
Please Print Neatly & Clearly

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Would you like to receive email notifications of New Life's Youth C.R.E.W. events?  Yes  No

**PERSONAL INFORMATION:**

|   |                             |
|---|-----------------------------|
| Email Address: _____  |                             |
| I have a: <input type="checkbox"/> My Space <input type="checkbox"/> Face Book <input type="checkbox"/> Other _____   |                             |
| Display Name: _____   |                             |
| Any Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what? _____  |                             |
| Any Health Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                             |
|   |                             |
| Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> : <input type="checkbox"/> Part-time <input type="checkbox"/> Full time |                             |
| Work Number: _____  | Days & Hours of Work: _____ |
| Place of Employment: _____  | Address: _____              |

**FAMILY INFORMATION:**

|  |                     |
|--|---------------------|
| Mother's Name: Last: _____   | First: _____        |
| Father's Name: Last: _____   | First: _____        |
| Do you live with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ |                     |
| How many brothers do you have? _____ How many sisters? _____   |                     |
| Emergency Contact Person: _____  | Relationship: _____ |
| Phone Number: _____  | Cell Number: _____  |

**SCHOOL INFORMATION:**

|   |                 |
|---|-----------------|
| School Name: _____  | Grade: _____    |
| Counselors Name: _____                                    | Class of? _____ |
| What clubs are you currently involved with in the school? |                 |
|   |                 |
|   |                 |

**SPIRITUAL INFORMATION:**

|  |
|--|
| Are you saved? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> what year? |
| Have you been water baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| What ministries are you currently involved with in the church?                                   |
|  |
| How long have you been attending New Life?   |

**AREAS OF INTEREST:**

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Arts / Crafts       | <input type="checkbox"/> Entrepreneurship   | <input type="checkbox"/> Reading      | <input type="checkbox"/> Walking                               |
| <input type="checkbox"/> Baking              | <input type="checkbox"/> Exercise           | <input type="checkbox"/> Riding Bikes | <input type="checkbox"/> Writing                               |
| <input type="checkbox"/> Cars                | <input type="checkbox"/> Fashion            | <input type="checkbox"/> Running      | <input type="checkbox"/> Other(s) <small>Not mentioned</small> |
| <input type="checkbox"/> Carpentry           | <input type="checkbox"/> Greeting           | <input type="checkbox"/> Sewing       | <input type="checkbox"/>                                       |
| <input type="checkbox"/> Cleaning/Organizing | <input type="checkbox"/> Landscaping        | <input type="checkbox"/> Shopping     | <input type="checkbox"/>                                       |
| <input type="checkbox"/> Cooking             | <input type="checkbox"/> Music              | <input type="checkbox"/> Singing      | <input type="checkbox"/>                                       |
| <input type="checkbox"/> Computers           | <input type="checkbox"/> Painting           | <input type="checkbox"/> Skating      | <input type="checkbox"/>                                       |
| <input type="checkbox"/> Dancing             | <input type="checkbox"/> Photography        | <input type="checkbox"/> Sports       | <input type="checkbox"/>                                       |
| <input type="checkbox"/> Drama               | <input type="checkbox"/> Play Instrument(s) | <input type="checkbox"/> T.V. Media   | <input type="checkbox"/>                                       |
| <input type="checkbox"/> Drawing             | <input type="checkbox"/> Praying            | <input type="checkbox"/> Videography  | <input type="checkbox"/>                                       |

I agree that the information I provided above is true and accurate to the best of my knowledge.  
I agree to update the youth leader with any changes to the information as it may occur.

\_\_\_\_\_

Teen Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

| FOR OFFICE USE ONLY              |                    |
|----------------------------------|--------------------|
| Date Registration Form Received: | Leader's Initials: |
| Date Picture Taken:              | Leader's Initials: |
| Date Release Forms Signed:       | Leader's Initials: |
| Date T-shirt & Manual Received:  | Leader's Initials: |
| Comments:                        |                    |
|                                  |                    |
|                                  |                    |