

Children/Youth: Only new registrants need to complete the form.

Children:

Name	Date of Birth	Age	Grade	Tadpoles	The Master's Hands	Children's Choirs

Youth:

Name	Date of Birth	Age	Grade	High School Gatherings	Middle School	LOGOS Youth Choir

Medical Information:

Name	Allergies/Vegetarian (food, pollen, medicine)	Medical Conditions (diabetic, epileptic, autistic)	Learning Challenges (dyslexic, hearing, sight, ADHD)

Emergency Contacts:

Name	Relationship to Child	Phone	Cell

Photography Release: I/We give our permission to First Presbyterian Church, San Antonio, Texas, to use pictures of my/our son(s)/daughter(s) listed above for advertising, video celebrations, and/or display without names or identification attached.

Signature: _____ Date: _____

I want to get involved with Intersection. Please call me at _____.