

Faith Community Church Youth Emergency Contact Form

Students Name: _____ Date of Birth: _____ Grade: _____

Home Address: _____

Cell Phone: _____ Email: _____

Emergency Contact Information

Parent/Legal Guardian 1: _____ Relationship: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

Parent/Legal Guardian 2: _____ Relationship: _____

Primary Contact Phone Number: _____

Primary Contact Email Address: _____

Please Initial:

_____ I/We confirm that all information provided above is relevant and true to our student.

_____ I/We understand that both the "Liability and Photographic Release Agreement" and "Emergency Contact Form" must be completed for our student to be permitted to attend youth events.

_____ I/We understand that we may be contacted in the event of injury

_____ I/We understand that our contact information may be used as part of an email or text list to receive updates about upcoming youth events and newsletters

Signature of Parent/Guardian 1

Signature of Parent/Guardian 2

Date: _____

Date: _____