



BYYG Weekly Youth Group

BYYG – New Member Sign-Up Sheet & Waiver

1.a. Participant Information

Youth Full Name: _____ Preferred Name: _____

Date of Birth (DD/MM/YYYY): ___ / ___ / ___ Age: _____

Grade/School (optional): _____

Home Address: _____ City: _____ Postal Code: _____

Medical & Safety Information

Does the participant have medical conditions? No Yes: _____

Allergies: None Yes: _____ Medications: _____

Dietary Restrictions: _____

b. Participant Information

Youth Full Name: _____ Preferred Name: _____

Date of Birth (DD/MM/YYYY): ___ / ___ / ___ Age: _____

Grade/School (optional): _____

Home Address: _____ City: _____ Postal Code: _____

Medical & Safety Information

Does the participant have medical conditions? No Yes: _____

Allergies: None Yes: _____ Medications: _____

Dietary Restrictions: _____



2. Authorized Pick Up

List all individuals authorized to pick up your child, including their relationship to the child

3. Parent / Legal Guardian Information

Parent/Guardian Full Name: _____ Relationship to Youth: _____

Phone Number: _____ Email Address: _____

Alternate Emergency Contact Name & Phone number: _____

4. Consent & Waiver

I give permission for my child to participate in BYYG activities and assume all associated risks. I release BYYG and its leaders from liability except in cases of gross negligence.

Medical Treatment Authorization: I authorize emergency medical treatment if I cannot be reached.

Initials: _____

5. Media Release

Internal use only

Promotional use

No media permission

6. Code of Conduct Acknowledgement

I understand expectations for respectful and safe behavior.

7. Signatures

Parent/Guardian Name: _____

Signature: _____ Date: _____

Youth Signature (if applicable): _____ Date: _____