

**BLD – TORONTO**  
**LIFE IN THE SPIRIT SEMINAR #40**  
**April 26- June 7, 2024**  
**YOUTH REGISTRATION FORM**  
(PLEASE PRINT)

**Family Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **My friends call me** \_\_\_\_\_  M  F

**Address (Street name and number, City, Postal Code)** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Birthday (MM/DD/YYYY)** \_\_\_\_\_ **Age** \_\_\_\_\_ **Email Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**I'm in Grade/College/University** \_\_\_\_\_ **I go to school at** \_\_\_\_\_

I have attended the following BLD Program(s): YE # \_\_\_\_\_ FE # \_\_\_\_\_ N/A \_\_\_\_\_

Please take note of my special needs (allergies, special diet/medication, and medical condition)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**PARENTAL CONSENT & WAIVER**

I/we hereby give my/our permission to my/our child, to attend the **BLD TORONTO LIFE IN THE SPIRIT SEMINAR on April 26-June 7, 2024.**

I/We the parent(s) hereby release the BLD Covenant Community, its leaders, Youth Ministry Coordinators and Youth Ministry members and the YLSS venue from any liability, for damages or losses resulting from any accidents or injuries that are caused by, or may arise from my/our child's participation during or while in attendance in any Youth Life in the Spirit Seminar activity.

I/We hereby grant permission to the Youth Ministry Coordinators to assume the role of acting parents in the case of medical emergency when either the parents or emergency contact person(s) cannot be contacted.

\_\_\_\_\_  
FATHER/GUARDIAN \_\_\_\_\_ MOTHER/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
Please print email address & phone number \_\_\_\_\_ Please print email address & phone number \_\_\_\_\_