

Registration Form

Student Information

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Sex: ☐ M ☐ F Grade: ____ Date of Birth: ____ / ____ / ____ Age: ____

Church / Organization: _____

Parent Information

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Course Information

Please Select 2025 Workshop Date		Time Schedule
<input type="checkbox"/>	Fri, Mar.28 Sat Mar 29	4:30pm-8:00pm Welcome to God's Plan for You-- Healthy Decisions & Sexual Integrity! 9:00am-12:00pm Class & Pizza Lunch (11:30pm) 12:00pm- 1:00pm Class 1:00pm- 1:30pm Certificates & Commissioning
<input type="checkbox"/>	Fri, Jun. 27 Sat Jun.28	Same as above
<input type="checkbox"/>	Fri. Oct. 24 Sat, Oct.25	Same as above

Disclaimer and Signature

I approve of my child attending this Sexual Risk Avoidance program and understand the goal is to instruct my youth in the negative consequences of teen sexual activity and the skills needed to protect his/her future goals and values by avoiding non-marital sexual activity.

Parent
 Signature: _____ Date: _____