Y.A.K. — YOUTH ADVENT KICKOFF

“MAKE ROOM FOR ADVENT”

November 20–21, 2026 • First Presbyterian Church of Garland
Drop-off: Friday at 6:00 PM • Pickup: Saturday at 2:30 PM

YOUTH PARTICIPANT

Youth’s full name: _____	Preferred name: _____
Date of birth: _____ Grade: _____	Church / youth group: _____

PARENT / GUARDIAN INFORMATION

Parent/guardian name: _____	Relationship: _____
Cell phone: _____	Email: _____
Second parent/guardian or alternate contact: _____	
Cell phone: _____	Relationship: _____

EMERGENCY CONTACT (OTHER THAN PARENT / GUARDIAN)

Name: _____	Relationship: _____
Phone: _____	Alternate phone: _____

HEALTH & CARE INFORMATION

Allergies (including food or medication): _____

Medical conditions, medications, dietary needs, or other information leaders should know: _____

_____

PICKUP & PERMISSION

People authorized to pick up this youth (in addition to parent/guardian): _____

I give permission for my youth to participate in Y.A.K. — Youth Advent Kickoff at First Presbyterian Church of Garland, November 20–21, 2026. I understand that event leaders will take reasonable steps to provide a safe environment and will contact me or emergency services if needed. I have provided accurate contact and health information above.

Parent/guardian signature: _____	Date: _____
Youth signature (optional): _____	Date: _____

OPTIONAL PHOTO / VIDEO PERMISSION

Please check one: ■ I give permission for event photos/videos that include my youth to be used in church communications. ■ I do not give permission.

Please return this completed form to the event organizer before the event. For questions or to share additional information, contact the church/event leader.