



Youth & Adult Registration--Health Information

Church/Town _____

Attendee (First) _____ (Last) _____

Attendee Hm Phone _____ Cell _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age as of Jan 2018 _____ Grade _____ Gender _____ T-Shirt Size _____

(included in registration fee)

E-mail of Attendee _____ E-mail of Parent _____

Parent's name _____ Parent's name _____

Phone # _____ Phone # _____

Food Allergies / Special Dietary Needs (please be specific) _____

Limitations or Restrictions on Activities _____

Current Medical Conditions, including Allergies (Describe any medical conditions that might be affected by strenuous or general event activities, for example – any muscle or skeletal issues, allergies to animals, etc.) _____

Date of last Tetanus Shot (year) _____ **Approximate Weight** (for medication administration) _____

Prescription / Over-the-Counter Medications to be taken during event (list times and dosages) _____

Any additional health information church advisors/event leaders should be aware of (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, recent traumas, life changes etc.) _____

ADDITIONAL EMERGENCY CONTACTS (if parent/guardian listed above CANNOT be reached):

NAME _____ Phone #1 (_____)

Relationship _____ Phone #2 (_____)

NAME _____ Phone #1 (_____)

Relationship _____ Phone #2 (_____)

Name of Physician _____ Phone (_____)

**** ATTACH A COPY OF THE FRONT & BACK OF
HEALTH INSURANCE CARD TO THIS FORM ****