

Medical Information - Please Complete

Name : _____ Date of Birth : _____

Emergency Contact Name: _____

Home Phone: _____ Cell Phone: _____

Physician Name: _____ Physician Phone: _____

Insurance Information - Name of Company: _____

Address: _____

Policy No/ Group No _____

Name of Insured: _____

Relationship to Insured: _____

Current Health Issues: _____

Current Medications: _____

Allergies: _____

Authorization for Emergency Medical/Surgical Treatment (for participants under 18)

Parent/Guardian Signature _____ Date: _____

Agreement

- I accept responsibility for any remaining balance on this account. I understand that canceling my registration may result in a forfeiture of fees.

I/We (parents/guardians) understand:

- That all balances must be paid in full by June 30, 2018 or will be subject to a \$25/person fee.
- That the New Wilmington Mission Conference does not assume responsibility for accidents incurred as a result of any normal course of participation in the program. Expenses resulting from illness and accidents are the responsibility of participants and their parents/guardians.
- That photos and videos may be taken and used for NWMC publicity. (Requests for exemption will be honored.)
- That participants are expected to maintain a Christian character and conduct.
- That attendance is required at meetings.
- That participants will be required to abide by the curfew specific to their age groups.
- That possession or use of drugs, alcohol, tobacco, fireworks or weapons is strictly forbidden.
- That Middle School, High School, and Young Adult participants are not permitted to ride in automobiles during the Conference except with advanced parental permission and the approval of their coordinator.
- That appropriate dress is very important to the Conference out of respect for our Lord, cultural diversity, and the variety of age groups represented at NWMC. All participants are asked to dress in clean, modest attire.

All participants are under the supervision of the Conference management, and anyone violating these regulations is subject to dismissal at the discretion of the Director and Chair of the Board of Managers.

- I agree to participate fully, and give any minors whom I have registered permission to participate fully in all aspects of the NWMC program, including mission options, which may be held off campus with approved adult drivers.

Participant's Signature _____ Date _____

Parent/Guardian's Signature (for Participants Under 18) _____ Date _____