

Berlin Christian Church - NYR 2026 Registration Form

Name _____ Gender - M F

Grade entering in fall, if applicable _____ Date of Birth _____ Age on 7/19/26 _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Have you been immersed? Yes No May we photograph you? Yes No

Shirt Size _____ Name for back of shirt _____

Berlin Christian Church will not be held responsible for personal injury or loss of valuables of any kind.

As a group member, I have read, understand, and will abide by all rules set forth by Berlin Christian Church. I also understand that non-compliance may result in my immediate dismissal, without refund or reimbursement, and I will be sent home at my own expense.

Berlin Christian Church makes it a priority to keep all participants safe at all times. In case of medical emergency, I hereby give permission to the physician and/or hospital selected by a Berlin Christian Church sponsor to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for myself.

I will be responsible for all medical bills incurred as a result of illness or accidents for which medical treatment is necessary, except those bills covered by my insurance. I understand that if I become ill, I will be sent home at my own expense.

Health Insurance Company: _____

Policy Number: _____

Known Allergies and Reactions: _____

Medication participant is currently taking: _____

Emergency Contact: _____

Emergency Phone Number: _____

Participant's Signature: _____ Date: _____

Parent's/Guardian's Signature (if not 18): _____ Date: _____