

# Disciple Now 2018 - Registration Form

Register for D-Now (April 13-15) by filling out the information below:

Registration is not final until payment (\$40 by March 28 & \$50 after that) is received by the church.

Student's First & Last Name: \_\_\_\_\_

Student's Current Grade Level: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

Invited By: \_\_\_\_\_

Member of a Church? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what church: \_\_\_\_\_

\_\_\_\_ I would like to receive more info about New Hope Baptist Church

Please enter your full address:

Street: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

## Medical Information:

This will help us expedite the process of getting your child medical assistance in the case of an emergency. You as the parent or guardian will be contacted as soon as possible when a situation such as this arises. If no medical insurance, just leave these fields blank.

- Medical Insurance Provider: \_\_\_\_\_
- Medical Insurance Group Number: \_\_\_\_\_
- Medical Insurance Policy Number: \_\_\_\_\_
- List known allergies, medical conditions, history that we should be aware of, or special instructions for medications here: \_\_\_\_\_

## Parent Contact Info:

Parent's Name(s): \_\_\_\_\_

Parent's Phone Number (s): \_\_\_\_\_

Parent's Email: \_\_\_\_\_

## Student T-Shirt Size:

\_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL \_\_\_XXXL

## Additional Information:

Please list anything else you would like us to know in caring for your child:

By checking this box and signing below, you acknowledge that you and your child will be held responsible for any damages to property caused by the child, and that your child will be removed from the weekend's activities if a behavior problem persists. No pranks or paraphernalia of any kind will be tolerated. You also release New Hope and it's volunteers & staff from any and all liability in caring for and transporting your child.

**I agree to the conditions mentioned above.**

**Parent Signature:** \_\_\_\_\_

**Student Signature :** \_\_\_\_\_

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**Information Below For Office Use Only**  
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Date registered: \_\_\_\_\_

Payment made: \_\_\_\_\_