

DNOW STUDENT REGISTRATION

Student Name _____ Address _____

City _____ Zip _____ Email _____

Age _____ DOB _____ School Name _____

Father's Name _____ Mother's Name _____

Father's Phone _____ Mother's Phone _____

EMERGENCY CONTACTS

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

MEDICAL AND INSURANCE INFORMATION

Medical Insurance Provider _____ Policy # _____

Physician _____ Phone _____

Check all that apply:

- Bronchitis Diabetes Dizziness Heart Issues Kidney Issues
 Sinusitis Stomach Issues Other (please explain below)

List any prescription medications your student will be taking during the weekend. Include frequency and dosage for each.

PARENT PERMISSION

_____ (Student's Name) has my permission to attend DNow.

Parent Signature _____ Date _____

STUDENT SIGN OUT

Students are required to have permission from a parent any time they leave DNow. If your student has a practice, activity, etc. they need to leave DNow to attend, complete the information below. Forms will be available in case of emergency or if an unexpected need arises. Students are encouraged to come back to DNow once they are done with their activity. They can re-join their group at any time.

My child, _____, has my permission to leave DNow at _____ on _____.

My child (Circle One): WILL NOT RETURN WILL RETURN at _____ on _____.

Parent Signature _____ Date _____