

Student Registration

(Cost - \$35)

Student Name _____ Address _____

City _____ Zip _____ Email address _____

Age _____ Date of birth _____ Grade _____

Parental Guardian's _____

Phone (home) _____ (work) _____ (other) _____

Student T-shirt Size _____

Medical and Insurance Information

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check all that apply and give appropriate information below: None Allergies Asthma
 Bronchitis Diabetes Dizziness Heart Trouble Kidney Trouble Sinusitis
 Stomach Upset Other (please explain below)

List any prescription drugs the student will be taking during the weekend; state frequency & dosage for each.

None

Permission

_____ (Student's name) has my permission to attend Disciple Now weekend.

Parent/Guardian _____ Date _____



Time Away Permission Slip **Only fill out & sign this bottom portion if your student will be leaving during the weekend*

Permission to leave is granted on (date) _____, (time) from _____ to _____

For the following reason: _____
