

Student Registration

(Cost - \$25)

Student Name _____

Address _____ City _____ Zip _____

Age _____ Date of birth _____ Grade _____

Parental Guardian's _____

Phone (cell) _____ (work) _____ (other) _____

Student T-shirt Size _____

Emergency Contact & Medical

Emergency Contact _____ Phone _____

2nd Emergency Contact _____ Phone _____

Check all that apply and give appropriate information below:

- None Allergies Asthma
- Bronchitis Diabetes Dizziness Heart Trouble Kidney Trouble
- 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: _____
