



## DNOW 2019 Registration

### Basic Information

Name of Student (First, Last): \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Phone: (Home) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Cell) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shirt Size: S M L XL XXL

### Church Information

Do you regularly attend church? Yes No

If so, where? \_\_\_\_\_

### Medical Information

Is the student currently taking any medication? If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any allergies? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any other medical conditions that could affect them during DNOW? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Relationship to Student \_\_\_\_\_

\*\*\*\*\*MEDICAL RELEASE ON BACK\*\*\*\*\*

## DNow Medical Release

Name of Insurance \_\_\_\_\_

Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_

I, the parent and/or legal guardian of above listed student, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my express permission to attend events with Glynwood Baptist Church. I have listed the physical conditions and/or medical problems that may need attention, and all medications used by above minor. In the event there arises an emergency necessitation medical and/or surgical to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances. I do release, acquit, discharge, and covenant to hold harmless the staff of Glynwood Baptist Church from any and all actions, damages, and/or liabilities arising out of the treatment of any sickness or accident incurred by said child.

\_\_\_\_\_ Yes, I consent to the medical release listed above

\_\_\_\_\_ No, I do not consent to the medical release listed above

Legal Parent or Guardian (Child under 18 years old)

X \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_