

## Sample Registration Form for Children or Youth Programs/ Activities

Participant's Name \_\_\_\_\_ Goes by \_\_\_\_\_

(name) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph.# \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_

If unavailable in emergency, notify \_\_\_\_\_

Phone \_\_\_\_\_

Allergies to medications and reaction \_\_\_\_\_

Other Allergies \_\_\_\_\_

Medications sent with participant \_\_\_\_\_

Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions

and physician's name on label. The event nurse will keep and distribute all medications during the event. Please

notify the event coordinator or nurse if this participant has been exposed to any communicable disease within the 3

weeks prior to this event. Participants will NOT be allowed to attend if they arrive at the event ill.

Are there any over the counter medications that the participant should not receive if any minor symptoms develop? (i.e. Tylenol, Advil, etc.) Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Co. Phone \_\_\_\_\_