

DISCIPLENOW

Student registration

Student Name: _____ Address: _____

City: _____ Zip: _____ Cell#: _____

Age: _____ Date of birth: _____ School name: _____

Father's name: _____ Mother's name: _____

Phone: (home) _____ (cell) _____ Phone: (home) _____ (cell) _____

Do parents text? _____ Cell Company: _____ (note if Alltel to Verizon)
- for text service

Email: _____ Email: _____

Brothers and/or sisters:
Name: _____ Age: _____ Name: _____ Age: _____

T-shirt size (Adult size): _____ Guest of: _____ (if applicable)

Medical and Insurance Information ***(include a copy of your insurance card)***

Family Insurance Company: _____ Subscriber ID #: _____

Family Physician: _____ Phone: _____

Check all that apply and give appropriate information below: None
 Allergies Asthma Physical Limitations 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 and dosage for each and any refrigeration needs. None

Permission

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

Parent/Guardian _____ Date _____

Time Away Permission (if student needs to leave during the weekend because of an unavoidable conflict)

Permission to leave is not granted.
 Permission to leave is granted on (date) _____, (time) from _____ to _____
for the following reason: _____

- **All cars will be left at the church, no exceptions. Any student car use must be prearranged with Robert**

Student Signature

Parent/Guardian Signature