

**North End church of Christ Youth Rally, March 8-9, 2019 Registration Form**  
Please one name per form. Complete all information, return by March 1st

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex (Circle 1): Male Female  
Grade (Circle 1): 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> College Adult Chaperone  
Street Address: \_\_\_\_\_ Home Phone \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Congregation \_\_\_\_\_  
Name of Parent: \_\_\_\_\_ Parent phone # \_\_\_\_\_  
Name of Chaperone: \_\_\_\_\_ Chaperone Cell # \_\_\_\_\_

**Medical Consent for Treatment**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex(Circle 1): Male Female  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

**Medical Information**

Name of insured: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ I.D. Number: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Pertinent Medical Information** (Allergies, Medical Allergies, Current Medications, Physical Limitation, etc.):

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

I hereby give my permission for the administration of any treatment deemed necessary by any licensed physician or dentist, and the transfer of the child to the nearest medical facility. This authorization does not cover surgery unless the medical opinion of two other licensed physicians or dentist, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature is required for all children 18 or under attending the Youth Rally

**Please copy and complete this form for all children attending the youth rally**  
North End church of Christ, 1301 West Virginia Ave., Parkersburg, WV 26104 - 304-422-0489