

July 10-16, 2017

REGISTRATION FORM

Home Church Name & City: _____

Full Name: _____ Sex: Male / Female Age: _____

T-Shirt Size: M / L / XL / 2 XL (NO SMALLS AVAILABLE) (Students Only) Grade Last Completed: _____

I have read the general information document, and I understand what is expected of me at the Faith Into Action Youth Conference & Family Festival. I will have a good attitude, not complain, and be respectful to others throughout the entire week.

Participant's Signature

Date

Block Party Area:

Please **NUMBER** your top 3 choices. We will do our best to place you in one of these areas.

- | | | | | |
|--------------------------------------|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Inflatables | <input type="checkbox"/> Prizes | <input type="checkbox"/> Games | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Prayer Tent | <input type="checkbox"/> Registration | <input type="checkbox"/> Greeters/Survey | <input type="checkbox"/> Clowning | <input type="checkbox"/> Kiddie Korner |

Medical Release:

Name: _____ Date of Birth: _____
First MI Last

Emergency Contact: Parent/Guardian/Spouse name: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

Home Address City State ZIP

Medical Insurance Company: _____ Policy #: _____

Secondary Emergency Contact: Name: _____ Relationship: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

In case of emergency, I give the leadership of the Faith Into Action Youth Conference & Family Festival permission to act in what they feel to be the best interest of my child's health. In the event that I am/my child is injured and require(s) the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

Parent/Guardian Signature (student consent) or Adult Signature (self consent)

Date

Students requiring medications must bring (1) all medications in original containers, (2) a written list of all medications and (3) basic instructions for intake. For safety reasons, medications will be collected upon arrival and administered daily by adult staff. This includes all over the counter medications as well.

