

# July 8 - 14, 2019

## 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"/> Back To School Bash | <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.**