

**YOUTH MEETING REGISTRATION CARD – March 2012**

**Please Type or Print**

**No Phone Registrations \* One Name Per Card & Fill Information, Please \* Clip and Mail**

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Grade: \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_ College \_\_\_\_\_ Adult \_\_\_\_\_ Chaperone

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

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_ Chaperone Cell Phone \_\_\_\_\_

Home Congregation's Name & Mailing Address \_\_\_\_\_

Do you desire us to provide Friday Night Housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Packing together with someone – their name \_\_\_\_\_

Name of Chaperone \_\_\_\_\_ Arriving by: \_\_\_\_\_ Bus \_\_\_\_\_ Van \_\_\_\_\_ Car

Request housing with host family/ congregation) \_\_\_\_\_

Arranged own housing with (family / congregation) \_\_\_\_\_

Medical Condition and/or Allergies \_\_\_\_\_

**To avoid the late fee, the registration form (and \$15.00) MUST BE POSTMARKED NO LATER THAN MARCH 12<sup>th</sup>, 2012. SORRY, NO EXCEPTIONS. THE FEE AFTER MARCH 12<sup>th</sup> IS \$20.00. Please make checks payable to: Northwest Church of Christ and send to 3904- 38<sup>th</sup> St. NW Canton, Ohio 44718.**

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**MEDICAL CONSENT FOR TREATMENT**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Emergency Phone Numbers: \_\_\_\_\_

Medical Insurance Information

Insurance Provider: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Pertinent medical information: Allergies, Medicine Allergies, Current Medications, Physical Limitations, etc.

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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 the two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

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Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

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