

First Bible Church

DNOW 2012 Registration Form

(Please return this form with your registration fee)

Dates: **February 3-5, 2012** Cost: **\$50.00**

*******T-Shirt Size** _____

(if not filled in, we will guess the size!)

Student Name: _____ M / F _____

Address: _____ City _____ Zip _____

Age _____ Date of Birth _____ School Name _____ Grade _____

Parent E-mail address (one frequently checked) _____

Father's Name _____ Mother's Name _____

Primary contact name _____ phone # _____

Secondary contact name _____ phone # _____

Do you regularly attend church? _____ If so, which church: _____

If visiting, who are you coming with? _____

Medical & Insurance Information:

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone # _____

Check all that apply and give appropriate information below: None Allergies Asthma Bronchitis Diabetes
Dizziness Heart Trouble Kidney Trouble Sinusitis Upset Stomach Other (please explain on back)

List any prescription drugs the student will be taking during the weekend, state frequency & dosage for each.

DNOW Permission Signature:

As the legal guardian of the above-named student, I do hereby authorize Wayne Campbell or any student ministries workers to consent to the furnishing of hospital, medical, surgical, dental, or other care, and to sign any authorization, waivers or releases as may be requested by a medical doctor, hospital, medical clinic, dental or other person in connection with the administering of such treatment and/or services. I also release First Bible Church and /or any student ministries workers from any liability associated with this event.

Parent/Guardian _____ Date _____