

# DISCIPLENOW

## Student/Parent registration

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell#: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ School name: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

If parents are not already part of OVBC group text, would you like to be added? \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*I will be attending the Parent/Leader session w/Erik Reed, our DNOW Speaker, on Friday @ 7:10 pm. Yes \_\_\_\_\_ No \_\_\_\_\_ \*Please make every effort to come!**

\*Names of Parents/Leaders attending: \_\_\_\_\_.

T-shirt size (Adult size): \_\_\_\_\_ Guest of: \_\_\_\_\_ (if applicable)

## Medical and Insurance Information \*(Guests: include a copy of your insurance card)\*

Family Insurance Company: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

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

Check all that apply and give appropriate information below: ☐ None

☐ Allergies ☐ Asthma ☐ Physical Limitations ☐ Dizziness ☐ Heart Trouble

☐ Kidney Trouble ☐ Sinusitis ☐ Stomach Upset ☐ Other (please explain below)

List any prescription drugs the student will be taking during the weekend.

State frequency and dosage for each and any refrigeration needs. ☐ None

## Permission

\_\_\_\_\_ (Student's name) has my permission to attend DiscipleNow weekend.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **Time Away Permission** (if student needs to leave during the weekend because of an unavoidable conflict)

☐ Permission to leave is not granted.

☐ Permission to leave is granted on (date) \_\_\_\_\_, (time) from \_\_\_\_\_ to \_\_\_\_\_

for the following reason: \_\_\_\_\_.

- All cars will be left at the church, no exceptions. Any student car use must be prearranged with Robert

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature