

DISCIPLENOW

Student/Parent/Leader 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/Dr. Richard Ross, our DNOW Speaker, on **Saturday @ 12:45 pm.** Yes _____ No _____ *Please make every effort to come! *There's a joint activity w/your teen and it's very important that a parent be present!* **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 #: _____

Family Physician: _____ Group #: _____ 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