

Disciple Now 2023 Registration

Disciple Now Oct 13-15, 2023 @ The Hills Church

Cost: \$50/student

Student Contact Information

Please provide mobile phone where you can be texted, if available.

First Name * _____

Last Name * _____

Email * _____

Contact Phone (Mobile preferred) * _____

Can this phone be texted? (Yes or No) _____

Gender * _____

Grade * _____

Shirt Size * _____

MEDICAL INFORMATION

Allergies

List any known allergies _____

Prescriptions Taken

All prescription medication must be listed and will have to be checked-in along with dosage information.

Physical Handicaps/Limitations

Please list any known handicaps or limitations (e.g. asthma, existing injury that prohibits certain activities)

Medical Insurance Company * _____

Indicate "N/A" if you do not have medical insurance

Policy Number * _____

Indicate "N/A" if you do not have medical insurance.

EMERGENCY CONTACT INFORMATION

Emergency Contact (Name) * _____
Parent(s) or Legal Guardian(s)

Emergency Contact Phone Number(s) * _____
Cell phone is preferred

PERMISSION AND RELEASE

*** Must be read and completed by a parent or legal guardian***

Activity: Disciple Now 2023, October 13-15, 2023

By signing my name below I give my permission for my child to ride on transportation (bus or private vehicles) provided by The Hills Church. I hereby release The Hills Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during all aspects of this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as applicable) licensed to practice under the laws of the state where the services are rendered. I also expect to be contacted as soon as reasonably possible if such medical need arises. I understand as a participant, my child may be photographed or videotaped, during the normal activities of this event, and these photos or videos may be used by the church in promotional materials.

Legal Name of Approving Parent/Guardian * _____
Name: _____
Signature: _____

COST: \$50/STUDENT

Payment may be made to the church office or high school office.

Payment must be cash or check.

If you have financial need, please let the church staff know.