

**INDIVIDUAL REGISTRATION
MEDICAL CARE FORM
WINTER WEEKENDS 2018**

Complete this form and return to your group leader accompanying you to the WINTER WEEKEND Please write so it can be read.

Name _____

Address _____

City _____ **Zip** _____

Phone (____) _____ **Emergency Phone (____)** _____

Church _____

Age _____ **Sex:** M F **Grade** _____

Name of Group Leader _____

Check here if there is any special medical, allergy, or physical needs that we should be aware of during the WINTER WEEKEND Please explain below:

Family Insurance with _____

Identification # _____

I GIVE MY PERMISSION FOR MY FAMILY MEMBER LISTED ABOVE TO HAVE EMERGENCY TREATMENT AT THIS EVENT.

Parent/Guardian _____

Signature

