

**INDIVIDUAL REGISTRATION  
MEDICAL CARE FORM  
WINTER WEEKENDS 2019**

**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**