



Registration Form and Medical/Video Release

Disciple Now 2010 – February 11-14

Registration Fee: \$40

Sign up ends February 7

In the event that he or she is injured while participating, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached. I understand the nature of this event and do hereby release CrossRoads Fellowship, or any of its representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

I understand that there will be a video crew on site for the weekend and I understand that my child may be filmed and I do hereby release CrossRoads Fellowship, or any of its representatives, from any liability for filming my child in conjunction with this event.

Signed _____ Date _____

In case of an emergency, notify:

Full Name _____

Relationship to student _____

Phone #1 _____ Phone #2 _____

- Are there any special physical or mental concerns of which we should be aware?
yes no If yes, please list in the box below or on the back.
- Is your son/daughter CURRENTLY taking any medications?
yes no If yes, please list in the box below or on the back.

Family Dr. _____ Phone _____



DNOW 2010
February 11-14

Student's Full Name

Student's email (optional)

T-Shirt Size: S M L XL 2X 3X (circle one)

Age _____ Sex: M / F Grade _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell phone _____

List two people you would like to placed in home with:
(we will do our very best to make this happen)

(additional medical info)...