

Deep Week Registration

Check# _____

Male Female T-shirt size (circle one) sm m lg xl xxl

Cost \$45 to be turned in with this form.
Family \$70

Name _____ Age _____ Birthdate _____ Grade _____

Address _____ City _____ zip _____ School _____

Home # _____ Parent Cell Phone# _____

Member of FBC? Yes No If no, do you attend another church? Yes No
Where? _____ I came as a guest of _____

Medical Information

Family Physician _____ Office Number _____

Insurance Company _____ Policy # _____

Name of Policy Holder _____ Relationship _____

List Allergies (food/medication) _____ Are you allergic to: cats _____ dogs _____ both _____

List Medications and Schedule _____

Do you have Asthma? Yes No Do you use an inhaler? Yes No If yes, will it be with you? Yes No

I give my permission for an adult chaperone to give over-the-counter medications (as directed on the bottle) **I have circled:**

Tylenol Ibuprofen Antihistamine Decongestant Cough Medicine

I, _____ (parent/guardian), agree to allow my child, _____ to attend Deep Week Weekend with the Youth Ministry of First Baptist New Braunfels. I also authorize medication and surgical treatment, as needed, for any accident that may occur involving my child, and release the First Baptist New Braunfels from any liability in the case of a medical emergency.

Parent Signature _____ Home Phone _____ Cell # _____

Other person (s) to notify: Name and Number _____