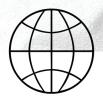
SUMMER YOUTH WEEKS





PARTICIPANT FORM

** Bring TWO copies of this form to registration. One copy will be kept in the Caswell Reception Center, and one copy will be kept by the church. Attach a photocopy of insurance forms or cards to the set that stays with the church.**

Participant name:		Grade ir	n the fall:		Age:
Date of birth:/	Gender:	☐ Male	☐ Female	е	
Address:					
City:		State:		Zip:	
Name of church:					
Address:					
City:		State:		Zip:	
In case of emergency, notify:					
Relationship to participant:					
Home phone: Work phone:	:	11	Mobile:		
Medical Profile					
Generally, the participant's health is (CHECK ONE	<u>:):</u>	Excellent _	Good _	Fair	Poor
If fair or poor, please explain the participant's condition:					
List any medical difficulties for which the partic	cipant is l	being treated	d:		
Check any of the following that cause the partic	cipant pr	oblems and	explain:		
Asthma Sinusitis Bron	ichitis [] Kidney tro	ouble 🔲 H	ay fever	
☐ Heart trouble ☐ Diabetes ☐ Dizzi	iness 🗌] Upset sto	mach		



Parent/Legal Guardian signature: ______ Date: ____ / _____