

*Southwest Church of Christ Youth Rally*  
**Individual Registration & Medical Release Form**

STUDENT NAME: \_\_\_\_\_

M/F: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS/CITY \_\_\_\_\_

CONGREGATION: \_\_\_\_\_ CITY: \_\_\_\_\_

SPONSOR NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES: FOOD, MEDICINES, ANIMALS, ETC. \_\_\_\_\_

\_\_\_\_\_

OTHER CONCERNS OR CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY PHONE CONTACT NUMBER: \_\_\_\_\_

**PARENT AUTHORIZATION:** This health information is correct and the person herein described has permission to engage in all prescribed activities except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Southwest Church of Christ-1635 S. Pueblo Blvd.-Pueblo CO 81005-(719) 564-3873**