2011 STUDENT NATION D-NOW WEEEKEND

Students Name: _____ Age: _____
Grade:_____ School: _____
Address: _____ Phone: _____
Email address:_____
Are you a guest (circle one): Yes No
If YES, of whom:_____ Shirt Size: (adult)_____
Emergency Contact Name: _____
Phone Number(s):_____
****

Permission Granted

_____ has my permission to attend Disciple Now weekend.
(Student's Name)

_____ _____
Parent/Guardian Date
****

Medical and Insurance Information

Family Insurance Company Policy # _____
Family Physician's Name and Phone _____

List any prescription drugs the student will be taking during the weekend with frequency and dosage for each. _____

□ None
****

Transportation Permission

I understand that my Student will be transported to and from the church or other activities of D-Now and I give permission for Host Home to provide the transportation for my Student.

_____
Parent/Guardian Signature

OFFICE USE ONLY

Adult Leader's Name: _____

Host Home Name : _____

Rec'd $25.00 _____ Payment made by: ____ check ____cash Date: _____
(Initials)