

**“BUILDING A STAIRWAY TO HEAVEN”**  
**SOUTH COUNTY CHURCH OF CHRIST YOUTH RALLY**  
**OCTOBER 2-4**  
**REGISTRATION FORM**

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

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME NUMBER: (\_\_\_\_) \_\_\_\_\_

GENDER: M F                      AGE: \_\_\_\_\_

HOME CONGREGATION: \_\_\_\_\_

CHAPERONE: \_\_\_\_\_

**MEDICAL PERMISSION**

IN CASE OF A MEDICAL EMERGENCY, I GIVE MY PERMISSION TO HOSPITALS, DOCTORS AND ANY OTHER HEALTH CARE PROFESSIONALS TO ADMINISTER MEDICAL TREATMENT TO MY CHILD.

CHILD'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

PARENT'S PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

HEALTH INSURANCE POLICY #: \_\_\_\_\_

ALTERNATE CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SPECIAL MEDICAL INFORMATION (IF NEEDED)

REGISTRATION FEE IS \$25.00 FOR TEENS AND \$15 FOR CHAPERONES AND NEEDS TO ACCOMPANY THIS FORM. FIVE DOLLARS PER REGISTRATION WILL BE ADDED AT THE DOOR. MAIL EARLY!