

**CHRISTIAN ENDEAVOR COLUMBUS DAY WORK CAMP  
OCTOBER 10 – 13, 2003  
YOUTH REGISTRATION/MEDICAL INFORMATION FORM  
(UNDER 18 YEARS OF AGE)**

**Please print information clearly in black or blue ink.**

**PARTICIPANT'S NAME** \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Gender: M or F Age \_\_\_\_\_ Birth Date \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Street Address \_\_\_\_\_ Height \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Weight \_\_\_\_\_

**CHURCH** \_\_\_\_\_ Pastor \_\_\_\_\_  
Street Address \_\_\_\_\_ Youth Leader \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

**GENERAL HEALTH INFORMATION:**

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures or any other helpful information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of last tetanus shot** \_\_\_\_\_

**HEALTH INSURANCE CO:** \_\_\_\_\_ Member # \_\_\_\_\_  
Address \_\_\_\_\_ Insurance Agent \_\_\_\_\_  
Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Please photocopy the front and back of your insurance card & attach to the registration form.**

**EMERGENCY CONTACT PERSON:**

**In an emergency if parent/guardian cannot be reached, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**STUDENT PARTICIPANT AGREEMENT**

I, \_\_\_\_\_, will attend the WORK CAMP sponsored by Christian Endeavor. I agree to participate in the entire program with enthusiasm. I will conduct myself in a Christian manner and agree to follow the Teen Commandments and all other rules as outlined for me.

Signature of Student Participant \_\_\_\_\_ Date \_\_\_\_\_