



YOUTH FOR THE NATIONS INDIVIDUAL REGISTRATION

Please fill this form out if the individual is coming with a church group

CAMPER LEADER YOUTH PASTOR Y.P. SPOUSE

Name: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent / Guardian: _____ Phone: _____

Parent's Cell: _____ Emergency Phone: _____

Email: _____

PLEASE INDICATE THE WEEK YOU WISH TO COME:

WEEK ONE (JUNE 18-22) _____ WEEK FOUR (JULY 9-13) _____

WEEK TWO (JUNE 25-29) _____ WEEK FIVE (JULY 16-20) _____

**WEEK THREE: please call Spanish YFN for info on this week at (214) 302-6466*

Church Name: _____

Youth Pastor/Leader: _____ Sr. Pastor: _____

Church Address: _____ City: _____ State: _____ Zip: _____

Church Phone: _____ Church Fax: _____

MEDICAL INFORMATION

1. List any diseases, physical or mental limitations: _____

2. List any current medications and their purpose: _____

Note: All prescription medicine must be turned in at registration and administered through the Nurse's Station at the specified times posted across campus. Youth Pastors will be responsible for holding their campers non-prescription medications (Tylenol, Advil, etc.).

3. Allergies (food, medical, insects, etc.): _____

4. Restricted Activities: _____

5. Family Physician: _____ Physician's Phone: _____

6. Family Medical Insurance Center: _____ Policy Number: _____

Note: In order to be fully registered, all individuals under who are under 18 will have to send in a current copy of their shot records, which will not be returned, copies only please.