



## YOUTH FOR THE NATIONS INDIVIDUAL REGISTRATION

Please fill this form (pg 1 & 2) out if the individual is NOT coming with a church

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*

### METHOD OF PAYMENT

Credit Card \_\_\_\_\_

Check \_\_\_\_\_

Money Order \_\_\_\_\_

Cash \_\_\_\_\_ Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### 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.*

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_