

**EMERGENCY CONTACT INFORMATION  
IT'S IMPORTANT!!!!**

Don't forget any medical conditions,  
medication information! Attach additional  
information to the application if needed.

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Policy number \_\_\_\_\_  
Allergies to Food or Medicine  
\_\_\_\_\_

Medications	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned, do hereby consent to authorize and direct the chaperones of Ridgecrest Baptist Church to obtain for my child such medical care, treatment, and hospitalization as they may deem necessary. I, the undersigned, do hereby release, remiss, and forever discharge the chaperones and Ridgecrest Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future, arising out of any injury to my said student.

I, the undersigned do give permission for RBC to use my youth's photo on any church related material, web page, advertisement, bulletin board or any other of RBC publications.



**REGISTRATION FORM**

Detach this panel and return with deposit

Event \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Parents/Guardian Names  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Emergency contact if we can't reach a parent/  
guardian \_\_\_\_\_  
\_\_\_\_\_

Day phone \_\_\_\_\_

Night phone \_\_\_\_\_

Friend you want to room with (only one)  
\_\_\_\_\_

Your t-shirt size \_\_\_\_\_