

# ELEVATE 2012



## PARTICIPANT REGISTRATION

SCHOOL: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_

DISTRICT: \_\_\_\_\_ CHURCH: \_\_\_\_\_

PARENT/LGUARDIAN: \_\_\_\_\_ WK. PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ WK. PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICAL RESTRICTIONS: \_\_\_\_\_

I hereby approve this application and certify it's correctness. I understand that all students attending will be expected to act in a Christ-like manner. Any disruptions of meetings, or scheduled events can result in the disciplinary action of the ELEVATE Staff, up to and including expulsion. Parents will be responsible to transport their son/daughter home immediately upon notification. I hereby understand and agree to the above rules and regulations.

I hereby give permission for \_\_\_\_\_ to participate in all the activities with the above medical restrictions. I give my permission to the physician selected to hospitalize, secure proper medical treatment for, and to order injections, anesthesia and/or surgery for my child named above. In addition, I give permission to the above named to participate in demographic surveys conducted by the Southwest Region and Point Loma Nazarene University.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_