

Form A

Central Pacific Ministry Network
Youth Ministries
"YthCon25-Revival" Youth
Conference

Church Name _____

Registrant's Medical History

Check All That Apply:

☐ Jr. High ☐ High School ☐ Single ☐ Single Parent
☐ Married ☐ Youth Pastor ☐ Pastor ☐ Pastor's Wife

Health Insurance _____
Policy # _____ Group # _____

Is Registrant on prescription medication?

☐ Yes ☐ No

Taken: _____

Date of last Tetanus Shot: ____/____/____

Does Registrant have any of these conditions?

☐ Diabetes ☐ Epilepsy
☐ Tuberculosis ☐ Asthma
☐ Other _____

Allergies (severe reactions only)

☐ Hay Fever ☐ Penicillin
☐ Poison Ivy ☐ Insect Bites

Other Drugs: _____

Foods: _____

List any surgeries or serious injuries in the last 2 years: _____

Restricted Activities: _____

Dietary Restrictions: _____

Central Pacific
6051 S Watt Ave
Sacramento, CA 95829
(916) 387-8800



Name: _____

Address: _____

City/State: _____

Zip: _____ Home Phone: _____

Age: _____ Birth date: _____

☐ Male ☐ Female

Email Address: _____

Parent/Guardian: _____

Emergency# _____

**NO REGISTRANTS WILL BE ACCEPTED WITHOUT THE THREE
FOLLOWING SIGNATURES**

Registrant's Declaration:

I will fully cooperate with the staff, rules, & program established for the 2025 Youth Conference.

Signature: _____ Date: _____

If you are 18 & over, please sign both Registrants & Parent's Declaration.

Parent's Declaration:

I understand that I will be held responsible for any damage done by my child and I will pay any and all repairs. I hereby consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor, or hospital. I also certify that my child's immunizations are up-to-date. I release Central Pacific Staff, Central Pacific Volunteers, Central Pacific Ministry Network, and Assemblies of God from any and all liability, claims, or demands for accidents. Illnesses, or emergency treatment required as well as property damage, and/or expenses incurred.

Signature: _____ Date: _____

Pastor's Declaration:

I recommend this registrant to the Staff as one who will cooperate with the rules and program of 2025 Youth Conference.

Signature: _____ Date: _____