Sr. High Registration

Deadline: July 21st

Name:		
Gender: (Circle One) M F DOB:	_ Grade:	
T-Shirt Size (Circle One): S M L XL 2X	3X	ISCOVERY
Address:	U	1900AEU1 9
City: State:	Zip:	
Parent or Guardian Name (s):		
Parents' E-mail:		
Telephone: Cell 1: Cell 2:		Other:
Do you attend another church? \Box Yes \Box No If yes,	where?	
Pastor: Ha	ıve you been baptized?	
Insurance Company:	Family Doctor:	
Policy Number:	Group Number:	
☐ I give this ministry permission to seek treat	tment for my child, if an e	mergency occurs
Physical Limitations/Special Needs:		
Allergies:	Present Medications:	
I give my permission and approval to the First United Methodist Chu representation of my child in any publication, either print or digital, i	· · · · · · · · · · · · · · · · · · ·	
Parent or Guardian Signature:		Date:
I have read, understand, and will abide by the rules for DISCOVERY parents may be called immediately to pick me up.	Weekend. I understand that if I	break the rules for DISCOVERY Weekend, my
Student's Signature:		Date:
For more detailed information call Chad Kennington (25	56)710-0130.	
Also, parents, a prayer service is held Saturday, August parent participation and instruction. All youth families		
\square Yes, I will be there. \square Yes, my extended f	amily will be there.	
Please complete this form and send it to the church	h with your \$45 00* re	gistration fee to reserve your

*Please do not let money be the reason you do not attend DISCOVERY. We have scholarships available on a case by case basis. Please let Chad know if you are in need of financial help.

space by July 21, 2018.