

WCYC Youth Rally Registration Form

Attendee Name: _____ Gender: M F Age: _____
Email Address: _____ Grade: _____
Home Congregation: _____ Shirt Size: _____

HEALTH INSURANCE coverage for this child is provided by:

Insurance Company: _____

Policy #: _____

Allergies: _____

MEDICAL and LIABILITY

1. This health history and medication information is correct as far as I know and the person herein described has permission to engage in all prescribed rally activities, except as noted on back or attached.
2. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the WCYC operations manager to hospitalize, secure proper treatment, and order injections, anesthesia or surgery for my child as named herein.
3. I agree that WCYC operations manager and York College is released from any liability in connection with the above named child.

EMERGENCY PHONE: () _____

ALTERNATE PHONE: () _____

PARENT or GUARDIAN

Print Name: _____

Sign: _____ Date: _____

REGISTRATION

Registration per person: \$25, optional t-shirt for additional \$5

Checks payable to York College. Mail check and registration form to:

Jaclyn Smith
1125 East 8th Street, Box 699
York, NE 68467

