Rejuvenation 2008

November 14th-16th, 2008
Grand Junction Colorado

Print Clearly!

Name: _____ _____
First Last

Grade: **6 7 8 9 10 11 12** Birth Date ____/____/____ Gender (circle): Female Male

Mailing Address_____

City: _____ State: _ _ Zip: _ _ _ _ _

Phone Numbers: (_ _ _) _ _ _ - _ _ _ _ (_ _ _) _ _ _ - _ _ _ _
Home Cell

Email Address_____

Local Church (required): _____ **GROUP LEADER (required)** _____

Parent(s)/ Guardian(s) Name(s):

_____ _____ _____ _____
First Last First Last

(_ _ _) _ _ _ - _ _ _ _ (_ _ _) _ _ _ - _ _ _ _
Home Home
(_ _ _) _ _ _ - _ _ _ _ (_ _ _)_ _ _ - _ _ _ _
Work Work
(_ _ _) _ _ _ - _ _ _ _ (_ _ _)_ _ _ - _ _ _ _
Cell Cell

Emergency Contact
Name (required): _____ _____ Relationship: _____
First Last
Phone Number: (_ _ _)_ _ _ - _ _ _ _ (_ _ _) _ _ _ - _ _ _ _

Family Physician: _____ Phone Number: (_ _ _) _ _ _ - _ _ _ _

Insurance Carrier: _____ Group#: _____ Policy#: _____

Date of last Tetanus Shot: __/____

Allergies/Medical Conditions: _____
_____
_____

Please Initial
I have **read** & **agree** with Permission and Medical Authorization _____
I have **read** & **agree** with Behavior Covenant _____
I have **read** & **agree** with Contact & Photo Release _____