

For all youth (including guests) attending any off campus event.

**Martins Mennonite Church (MMC)
Registration/Medical Form**

Youth* Name: _____ has my
permission to attend Martins Mennonite Church's youth event to

Gender: M ___ F ___ Date of Birth: _____ Grade: _____

Parent or Guardian (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Emergency Contact (other than parent/guardian): _____

Relationship (to youth): _____ Phone: _____

I also give permission for my youth to be transported by MMC Youth Sponsors. I understand that there may be times when an individual sponsor will need to transport my youth but I will have been contacted for my consent to do so.

Parent/Guardian: _____ Date: _____

Youth Commitment

I agree to follow the guidelines set by the youth leaders. I understand that failure to abide by these guidelines will result in the loss of privileges or removal from the activity.

Youth Signature: _____

** Youth: for the purposes of this document,
"Youth" denotes all persons under age 18.*

Parents Authorization for Medical and Surgical Care

This youth is in good health and not suffering from any illness that would prevent him/her from participating in any normal activity. I hereby authorize the sponsor/available nurse to administer medication as listed below and to call an authorized doctor to administer medical aid and treatment at any time when they believe an emergency exists.

Parent/Guardian Signature: _____ Date: _____

Insurance Plan: _____

Policy/Group Number: _____

Allergies: _____

Last Tetanus Shot: _____

Medications: _____

** Youth: for the purposes of this document,
"Youth" denotes all persons under age 18.*