



Next Gen Student Ministry | South Haven Baptist Church

Registration & Permission Form

Student Information:

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____

Zip: _____

Phone: () _____ - _____ T-shirt Size _____

Parent/Guardian Information:

Name: _____ Relation: _____

Cell phone: () _____ - _____ Work phone () _____ - _____

Emergency Contact (must be person other than parent/guardian-will be contacted if parent/guardian cannot be reached)

Name: _____ Relation: _____

Phone: () _____ - _____

Insurance Information (if not already completed online):

Insurance Provider: _____

Policy Holder: _____ SSN: _____

Policy Holder DOB: _____

Policy ID number: _____ Group Number: _____

Medical/Food Allergies: _____

Current Medications: _____



MEDICATIONS MUST BE IN ORIGINAL CONTAINER, MARKED WITH STUDENT'S NAME AND DOSAGE INSTRUCTIONS AND LEFT WITH YOUTH WORKERS

List any recent medical treatment or pre-existing health condition(s) that your child has (*example: diabetes, asthma, heart condition, etc.*):

Physician's Name: _____ Phone: () _____ - _____

By signing this registration form, I hereby grant the ability for any South Haven Baptist Church staff member, or volunteer, to seek medical attention for the student listed above at [Generate Camp 2024 at the YMCA of the Rockies](#). I also understand that South Haven Baptist Church will not be held liable in the event of an emergency or accident. I understand that the above information is necessary in order to obtain medical attention. I understand that this information will be given only to medical personnel as needed and will be destroyed upon our return to the church. I also give my permission for transporting the student listed above & understand that South Haven Baptist Church will not be held liable in the event of an emergency or accident during transporting.

Parent/Guardian Signature: _____ Date: _____



