

DNOW REGISTRATION



FEB 16-18 \$30

Student Name: _____ Student Grade _____

Gender: Male Female T-Shirt Size: Sm Med Lg XL XXL

Parent/Guardian: _____

Student Phone: _____ Parent Phone: _____

Emergency Contact: _____ Phone: _____

I'll be paying \$30 for DNOW only

I'll be paying \$36 for DNOW and Winter Jam

Make Checks Payable to Faith Family Church

Medical Needs Overnight

Note- We will have someone on staff deliver meds if needed in the evening or morning if noted.

Allergies/Other Notes: _____

Medications:

ex. Ritalin _____

AM

8:00AM

PM

9:00PM

I agree to let Faith Family Church Staff give First Aid to my student if required.

I agree to let Faith Family Church Staff call first responders in life threatening situations.