



Registration Form

Grades 9-12

Registration Due Nov. 9

Cost: \$80 (payable to Terrace Shores Youth)

This fee covers the conference ticket, hotel, and transportation

Questions – Contact Ryan 920-229-4980

Medical Release Form - Parental Authorization:

I hereby give my permission for _____ to attend Terrace Shores EFC youth functions.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a sponsoring adult to secure proper treatment for my child's as named above.

Signature of Parent or Guardian _____ Date _____

Student information:

Name _____ Age _____ Grade _____

Parent Name _____ Cell Phone (____) _____

Address _____

City _____ State _____ Zip _____

Other Contact (if parents are unavailable) _____ Cell Phone (____) _____

Allergies: _____

Medications: _____

Family Physician _____ Phone (____) _____

Health Insurance Co. _____ Policy No. _____