



NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

• MALE • FEMALE / GRADE \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

CHURCH \_\_\_\_\_ I ATTEND: • Everlasting Truth • LOHM • Neither ET or LOHM

PARENT'S NAMES (Please Print) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE (In the event we are unable to contact Parents)

ROOMMATE OR VAN REQUEST (Limit 4 people, including yourself) \_\_\_\_\_

RELEVANT MEDICAL HISTORY/MEDS THAT YOU WILL HAVE WITH YOU: \_\_\_\_\_

**RELEASE / MEDICAL TREATMENT FORM:**

I give permission for the minor child named above to attend Youth For Christ's (YFC) "Dare to 2 Survive" Youth Rally in Elkton, MI. with Lights Of Hope Ministry (LOHM) on April 6, 2002. I will not hold Lights Of Hope Ministry (LOHM), their staff, or volunteers responsible in case of injury or illness. I give my permission for trained medical personnel to administer emergency medical treatment to the registrant named above, and I authorize an adult representative of Lights Of Hope Ministry (LOHM) to sign consent forms for such treatment, should it be necessary.

\_\_\_\_\_  
Parent's Signature (Required for applicants 17 years or younger) Date

\_\_\_\_\_  
Applicant Signature (Required for applicants 18 years or older) Date