

Junior High District Conference Registration Form

October 12, 2019

The cost is \$15 and includes lunch.

Name _____

Address _____

Phone _____ Congregation _____

Gender: Male Female Jr. High Advisor _____

Grade _____ Email Address _____

Special Needs:

Food Allergies:

MEDICAL RELEASE FORM

We (I), the undersigned, give our (my) permission for our (my) youth,
_____, to attend and participate in activities for Junior High Youth on
October 12, 2019, sponsored by the Mid-Atlantic District Church of the Brethren. We (I) authorize an
adult in whose care our (my) child has been entrusted, to consent to any necessary medical
diagnosis, treatment, or hospital care.

Medical Insurance Co. Policy No. _____

Parent/Guardian _____

******(Required to sign on-site)***

Phone Number: _____

Emergency Contact _____

Emergency Phone No. _____

If you have any questions or need more information, please contact Pastor Mandy North at
703-395-5793 or mandy.north@manassasbrethren.org.

Form must be signed on-site by parent or guardian