

Youth Advisor District Conference Registration Form

October 11 & 12, 2024

Brownsville Church of the Brethren

The cost is \$10 and includes lunch.

Name _____

Address _____

Phone _____ Congregation _____

Number of Youth Gender: Male: Female:

Grade _____ Parent 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 11 and 12, 2024, 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 _____

By checking this box I agree to signing this electronically.

Phone Number: _____

Emergency Contact _____

Emergency Phone No. _____

If you have any questions or need more information, please contact Missy Sumbry at missygallihugh@gmail.com