Registration Form
Mid-Atlantic Coptic Youth Annual Convention
June 16 – June 18, 2011

Convention Location:
Catholic Conference Center
1551 Trinity Lane
Hickory, NC 28602
Phone: 828-327-7441
www.catholicconference.org

Name: _____

Email address? _____

Mailing Street Address_____ City_____ State____

Zip Code _____ Phone(_____)_____-_____ Birth Date ___/___/____

Grade _____ Male_____ Female_____

Church_____

Servant's Signature _____

MEDICAL INFORMATION
Name of Insurance Company _____
Does the young person carry the insurance card? ____Yes ___No
If "no", please attach photocopy of card to this registration form. Contact numbers which appear on the health card

_____
Name and phone number of Youth's Physician

_____
Name of Person Who Carries the Coverage

_____
List any known allergies

_____
List any necessary medications

In case of emergency, an authorized number of the youth advisors may seek treatment. I understand that every effort will be made to contact Parent/Guardian. If I cannot be reached, I hereby authorize a member of the Youth advisors (as an agent for me) to seek and consent to the appropriate medical treatment for my child.

_____ _____ (_____)_____-_____
Parent/Guardian Signature Date Emergency Phone Number

ABSENCE OF ANY SIGNATURE VOIDS THIS REGISTRATIONFORM

© 2011 Mid-Atlantic Coptic Youth Annual Convention