



SERVING THE CHURCH - EXTENDING THE KINGDOM

REFORMED YOUTH Ministries

2010 YOUTH LEADER TRAINING REGISTRATION FORM

MUST BE COMPLETED BY ALL ATTENDEES

Did you attend RYM Youth Leader Training in 2008? _____ 2009? _____

- Ordained Minister
- Not Ordained

Church/Group _____

Contact Person _____

Name _____	E-mail _____
Phone _____	Cell Phone _____
Address _____	
City _____	State _____ Zip _____
May RYM use this information to distribute in a class directory?	
<input type="checkbox"/> yes	
<input type="checkbox"/> no	

Emergency Contact Information

Emergency Contact _____

Relationship _____

Emergency Phone _____

Emergency Cell _____

How Do You Serve in Youth Ministry?					
Youth Leader	Intern	Teacher	Parent	Volunteer	Other

MEDICAL INFORMATION

Date of Last Tetanus Shot: _____

Please check if the participant has any current or past health problems in the following areas:

Asthma _____	Glasses _____	Genitourinary _____
Heart Disease _____	Headaches _____	Neurological _____
Hypertension _____	Psychiatric _____	Muscular _____
Diabetes _____	Skin _____	Circulatory _____
Blood Problems _____	Skeletal _____	Other _____
Dizziness _____	Respiratory _____	
Gastrointestinal _____	Major Illness _____	

Please give details of any item checked above: _____

LIST ANY ALLERGIES YOU HAVE: _____

LIST ANY PRESCRIBED MEDICATIONS YOU ARE TAKING: _____

DO NOT ADMINISTER THE FOLLOWING MEDICATIONS: _____

DOES YOU HAVE ANY OTHER MEDICAL CONDITION THAT WE SHOULD BE AWARE OF THAT MAY HINDER YOUR PARTICIPATION? NO _____, YES _____. IF YES, PLEASE EXPLAIN:

MEDICAL EMERGENCY:

In the event of a medical emergency: (1) I authorize RYM and its staff or volunteers to contact the emergency numbers, including our primary care physician, or other qualified medical personnel for medical information, records or treatment; (2) I authorize RYM and its staff or volunteers to administer first aid or CPR, if they think it is necessary; (3) I authorize RYM and its staff or volunteers to administer appropriate medication if they deem it necessary, except for any medications listed above; and (4) I authorize RYM and its staff or volunteers to disclose any relevant medical information about me as necessary for my treatment. I understand that I will be solely responsible for any medical, hospital or related charges, which may be incurred, on my behalf in connection with any injury, illness or other medical condition suffered during this trip or as a result of his/her participation in these activities. Upon request, I will reimburse RYM for any charges paid by them on my behalf.

NAME OF PARTICIPANT (Please Print) _____

CHURCH/GROUP _____

AGE _____ DATE OF BIRTH _____ GENDER _____

ADDRESS _____ CITY _____, STATE _____, ZIP _____

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

PRIMARY CARE DOCTOR: _____ PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

GROUP POLICY NUMBER: _____

Participant Signature _____ Signature of Paren/Guardian _____ Date _____
 for participants under 18 years of age

PRINTED NAME _____ PRINTED NAME _____