

**Web registration options: Print this form, complete, and mail to MEBC,  
Attn: Student Ministry, 333 N. 143<sup>rd</sup> St. East, Wichita, KS 67230.**

Save this form to your computer, complete, and return to MEBC as an email attachment to [jallen@metroeastbaptist.com](mailto:jallen@metroeastbaptist.com)

## Event/Activity Registration

Name of Event/Activity \_\_\_\_\_

Date of Event/Activity \_\_\_\_\_

### Registration Information:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Roommate Preference (if applicable) \_\_\_\_\_

T-shirt size (if applicable) small / medium / large / XL / XXL

### Who to notify in case of an emergency:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_

Other than a parent/guardian: Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

In the event of an emergency, I, \_\_\_\_\_, hereby give permission to Metro East Baptist Church, its employees and adult sponsors to obtain proper medical assistance for my student mentioned below. I also give my permission to the physician selected to hospitalize and secure proper treatment for my child at any time during the activity mentioned at top of page. By signing this agreement, I give my permission for above named student to receive medical attention in the event of an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Insurance Information:

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Policy issued under name of \_\_\_\_\_

Phone # of insurance company \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication currently taking \_\_\_\_\_

Allergies \_\_\_\_\_

Please list any other medical information that we should be aware of: \_\_\_\_\_

IF DEPOSIT IS REQUIRED TO SECURE AN "EARLY-BIRD" REGISTRATION COST, THE DEADLINE TO RECEIVE YOUR DEPOSIT WILL BE 5 DAYS AFTER RECEIVING YOUR REGISTRATION FORM VIA MAIL/EMAIL. THANK YOU.