

RALLY SPONSOR REGISTRATION/HEALTH INFORMATION - CENTRAL AREA

Name _____ Phone _____
Address _____ Birth date _____
City _____ Zip _____ Sex ___M___F___ Age _____
Social Security # _____ Drivers License # _____ State issued _____
Marital status _____ Occupation _____ E-Mail address _____

I will be serving as a sponsor for the following rally:

- Chi Rho Fall CYF Fall CYF Mid-Winter
 Chi Rho Late Winter JYF Rally CYF Spring

Do you have hospitalization insurance? Yes No Policy # _____
Name / address of insurance company _____

General health condition: Excellent Good Fair

ALLERGIES:

- Penicillin Bee or insect stings Others
 Sulfa or other drugs Poison Ivy/Oak
 Tetanus shots Hay Fever

HAS HISTORY OF OR UNDER CARE FOR:

- Heart trouble Tonsillitis Skin disease
 Asthma Appendicitis Nervous disorder
 Bronchitis Epilepsy Athlete's foot
 Stomach Ulcer Diabetes Hernia

Other _____

WEAR:

- Glasses Contacts Hearing Aid
 Orthopedic Brace / Prosthesis Dentures Retainer

I, _____, have never been charged with nor convicted of physical or sexual abuse of a minor. As a sponsor for the Central Area I agree to abide by and enforce the rules and policies established by the Lake Brownwood Christian Retreat, the Central Area Covenant Youth Committee, and the Camp Director, and to conduct myself in an adult Christian manner. I furthermore authorize those persons who receive my Rally Sponsor Registration form and/or their agents to make inquiries regarding me and all statements contained in this form. I also authorize all persons, entities, former employers, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the information provided in this form, and to comment and state opinions regarding my background and character. I hereby release all such entities and individuals from all liability and responsibility arising from their doing so.

Signature _____ Date _____