Manchester/Ward Street- November 20-22, 2015

Youth Rally Registration: 6:30PM Nov 20 & 8:30AM Nov 21

Youth: $30.00 Chaperones: Free (Please register)

T-Shirt Size (circle one): S M L XL XXL

Youth’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F Age:\_\_\_ Grade: \_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_)\_\_\_\_-\_\_\_\_\_\_ Home Congregation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chaperone’s Name: \_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING INFORMATION**

**\*WE CANNOT GUARANTEE ALL HOUSING REQUESTS WILL BE PLACED IN THE SAME HOME\***

Housing Needed (Circle all that apply): Friday Night: Yes/No Saturday: Yes/ No Neither

Do you have any food or pet allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Emergency Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_)\_\_\_\_-\_\_\_\_\_\_

Health Problems/Physical Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

While at the Manchester/Ward Street Youth Rally I will uphold God’s standards of speech, action, and thought as well as respect the rules of Manchester Church of Christ including no alcohol, no tobacco, no foul language, no weapons, and only engaging in appropriate physical affection.

Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of an emergency, I hereby grant permission to Manchester Church of Christ and its representatives to obtain medical treatment for my child. My signature below expressly gives my child permission to attend and participate in the activities of the Manchester/Ward Street Youth Rally.

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



**Send registration forms and make checks payable to:**

**Manchester Church of Christ, 595 Tolland Turnpike, Manchester, CT 06042 By November 18th**