

Nesconset Christian Church

247 Smithtown Blvd.
Nesconset, NY 11767

Phone: 631-265-2141
Fax: 631-265-2157
Email: pastorpaul@nesconsetchurch.org

P.C.T.C. 2012 Registration/Permission slip

Name of Student _____ Students date of Birth _____

Names of parents or Legal Guardian _____

Street Address _____

City, State, Zip _____

Home phone _____ Work _____ Cell _____

In the event of an emergency, we cannot be reached at the above numbers, please call one of the following people.

Name _____ Phone number _____

Name _____ Phone number _____

Additional Medical Information

Insurance Company and Policy #

Allergies, Medical Conditions, Medications?

For the above named minor, a legal guardian must fill out the following:

I hereby give permission for the above named young person to participate in the
Pennsylvania Christian Teen Convention, Feb 24-26.

I hereby release Nesconset Christian Church, its staff, and youth sponsors from responsibility and liability for any injury or illness that the above named young person, who is under my legal guardianship, may sustain during the **Pennsylvania Christian Teen Convention, Feb 24-26.**

Additionally, I authorize an adult youth sponsor of Nesconset Christian Church to act as an agent for me to consent to any X-ray, examination, medical/dental/surgical diagnosis, treatment/hospital care advised and supervised by a physician/surgeon/dentist licensed to practice under the laws of the state in which services are rendered, either at a doctor's office or at a hospital, in the event that I am not able to make those decisions for myself.

Signature of Legal Guardian

Date of Signature

