

# Next Gen Discipleship Individual Event Registration Form

ALL NEXT GEN PARTICIPANTS (Adult, Youth, Child) must have a form completed that will be presented at registration. Next Gen Leaders should keep this form in a safe place during the event. This is the preferred form for Next Gen events; however, local churches may create their own form.

THIS FORM IS GOOD FROM August 1 - July 31 of the current school calendar year.

**Please Print with a Ballpoint Pen**

**Today's Date** \_\_\_\_\_

District (circle one)		
Caney Fork River	Cumberland River	Harpeth River
Red River	Stones River	

<b>Participant Full Name:</b> _____		<b>Email:</b> _____	
<b>Address:</b> _____			
<b>City, State, Zip Code:</b> _____			
<b>PHONE - Home:</b> (____) _____	<b>Cell:</b> (____) _____	<b>Work:</b>	(____) _____
<b>Church Name:</b> _____		<b>City, State:</b> _____	
<b>Pastor:</b> _____		<b>Next Gen Leader:</b> _____	
<b>If non-Tennessee Conference UMC, name of other Conference, Denomination or Religious Affiliation:</b> _____			
<b>DOB:</b> _____	<b>Age:</b> _____	<b>Completed Grade Level:</b> _____	<b>Gender:</b> _____
<b>Race:</b> _____			
<b>If you are under 18 or still in high school, please have a parent or guardian complete below.</b>			
<b>Parents Name(s):</b> _____			
<b>Parent Signature:</b> _____			
<b>Address if different from above:</b> _____			
<b>City, State, Zip Code if different from above:</b> _____			
<b>Phone: Day:</b> (____) _____		<b>Evening:</b> (____) _____	<b>Cell:</b> (____) _____
<b>COMPLETE BOTH PAGES, PLEASE</b>			

Participant Full Name: \_\_\_\_\_

YES \_\_\_ NO \_\_\_ Photographs of this youth may be used for promotional purposes by the Tennessee Conference Next Gen Discipleship. At no time will their name, address, or church be identified unless specifically notified.

Emergency Contact & Phone: \_\_\_\_\_

**MEDICAL INFORMATION FORM**  
**This area must be complete, to process registration.**

Name of registrant: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Allergies (food, nature, medicine): \_\_\_\_\_

**List Medications required during event**


Special needs, i.e. physical, dietary, etc: \_\_\_\_\_  
\_\_\_\_\_

**Y N - I give permission for my child to be given Tylenol, laxative, or other minor medication as needed.**

**Describe any behavioral or emotional problems that your child has that may effect their stay or participation in the event.** \_\_\_\_\_  
\_\_\_\_\_

I understand that all reasonable safety precautions will be taken at all times by the Next Gen Discipleship of the Tennessee Conference Event Staff. I have completed the information to the best of my knowledge. In giving my child permission to attend this event indicated, I release the Tennessee Conference, United Tennessee Conference, United Methodist Church, leaders and event staff from liability for damages, losses, illness, or injuries incurred by my child. I understand that I, or the emergency contact listed on the registration form will be contacted. I hereby give permission to the physician or facility present to order X-rays, routine tests, and treatment for the health of my child.

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