

**D-Now Participant Form**

- Group Leaders: Keep a photocopy for yourself to have in case of emergency

**Church Information:**

Name of Church: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Group Leader's Cell #:(\_\_\_\_)\_\_\_\_\_

**Participant Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Mobile:(\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

**T-Shirt Size – Adult      S                      M                      L                      XL                      XXL**

**Medical Information:**

Known Allergies: \_\_\_\_\_

Do I plan to bring an epi-pen in case of a medical emergency? \_\_\_\_ (Yes or No)

If yes, I acknowledge that I am to notify my church group leader and sponsors that I have an epi-pen and where it is located in case of an emergency.

Sign Here: \_\_\_\_\_

Do I plan to bring an inhaler for asthma? \_\_\_\_\_ (Yes or No)

If yes, I acknowledge that I am to notify my church group leader and sponsors that I have an inhaler and where it will be located in case of an emergency.

Sign Here: \_\_\_\_\_

I have completed and submitted my Medical Release Form. \_\_\_\_\_ (Yes or No)