



Congress of Christian Education
Individual Delegate Registration Form
(Adults complete applicable information)

Name _____

Home Address _____

Parent/Guardian Name(s) _____

Home Telephone Number _____ Work Number _____

Social Security Number (last four number) _____ Grade _____ Date of Birth _____ / _____ / _____

Sponsoring Church _____

Church Telephone Number _____ Pastor _____

Youth Advisor/Chaperone _____

Select a Course for the current Congress of Christian Education Session:

First Choice _____ Second Choice _____

Medical History (Please check)

Allergies: Yes _____ No _____ (if yes, please list below)

Current Medications: Yes _____ No _____ (if yes, please list below)

Special Medical Conditions: Yes _____ No _____ (if yes, please list below)

Special Needs: Wheelchair _____ Vision _____ Hearing _____ Other: _____

Dietary Restrictions: Yes _____ No _____ (if yes, please list below)

In the event of a medical emergency, I give permission for my child to be taken to the nearest hospital or medical facility for medical attention at my expense.

Parent/Guardian Name (Please print)

Emergency Contact Number

Parent/Guardian Signature

(copy as needed)