

yugoministries

YUGO Ministries Registration

Date(s) of Attendance: January 16-20, 2020

Location: ___ El Faro EOC ___ GCH/GBH ___ ROC ___ Mexicali

Participant's Name: _____ Age: _____ Birth date: / /

Male ___ Female ___ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ St/Prov: _____

Zip/Postal: _____ E-mail address: _____

Name of Church: First United Methodist - Chula Vista Pastor: Brian Parcel

Are you a U.S. Citizen? Yes No If not, do you have a U.S. multiple entry visa? Yes No

Is this your first YUGO Outreach? Yes No

Could you serve as a YUGO Interpreter? Yes No

Medical Information

Health Insurance Company: _____ Health Insurance Phone: _____

Name of Policyholder: _____ Policy/Group Number: _____

Date of last Tetanus shot (**must be current**) _____

Please list any severe food, drug allergies or major medical conditions that we should be aware of: Attach additional sheet with details if more space is needed. _____

In the Event of an Emergency – Please Contact:

Name: _____

Relationship: _____

Contact Phone: _____ Cell Phone: _____

Liability Release

I/we hereby release YOUTH UNLIMITED GOSPEL OUTREACH INC., its officers, directors, employees, agents, and volunteer assistants from any and all liability whatsoever arising out of any injury, damage, or loss which may be sustained by the applicant named on this form during their participation with YOUTH UNLIMITED GOSPEL OUTREACH INC.

In the event of an injury or illness, I hereby give the YUGO Outreach Staff permission to secure necessary medical treatment, and I relieve YUGO of any and all liability in such an event.

Applicant's Signature _____ Date _____

If Applicant is under 18 years of age, please sign:

Parent/Guardian Signature _____

Relationship to applicant _____ Date _____

Please complete the below information if you are under 18 years of age

Father's Name: _____ Mother's Name: _____

Parent Address: _____ City: _____ St/Prov: _____

Zip/Postal: _____

Contact Phones: _____ (Hm) _____ (Cell)

Father's Email: _____ Mother's Email: _____