

# DISCIPLENOW REGISTRATION

Name: \_\_\_\_\_

One person I would like to be with: \_\_\_\_\_

1st-time DNOW attendee invited by \_\_\_\_\_

Attend First McKinney?     yes     no     M     F

My Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell \_\_\_\_\_ Parent Cell \_\_\_\_\_

Student email \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

I give my consent to medical treatment and surgical treatment as needed in the judgement of the treating physician chosen by representatives of FBC McKinney. I also give FBC McKinney and its representatives permission to transport my child at their discretion in case of emergency. I do hereby agree to hold FBC McKinney, their agents and employees harmless of any and all liability. Actions, causes of actions, claims, expenses and damages on account of injury to my child(ren), property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. Still photographs and video taken at this event may be used for broadcast and promotion of this event and similar events.

Parent/Guardian Signature:

\_\_\_\_\_

