

strengthto**stand**



## **S t u d e n t R e g i s t r a t i o n F o r m**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Church: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of person to contact in case of emergency: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

If there is any special information we need to know about please give details in the space provided or continue on back. (Medication, Allergies, Etc.).

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As a registered participant of one of the Strength to Stand Conferences, I have read or heard all of the rules and understand by signing this form I agree to abide by the rules of this Conference. I further understand that my Counselors are solely responsible for my well-being. If I fail to keep this agreement I forfeit my attendance without any financial compensation given. I will reimburse any charge or damage that I cause or participate in to the hotel.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent