

SOS – Servants on Site – Registration Form

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER: \_\_\_\_\_

LAST GRADE COMPLETED (if student): \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_

CHURCH PHONE: \_\_\_\_\_

E-MAIL : \_\_\_\_\_

GROUP LEADER'S NAME: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_

List any medical conditions being treated currently, any medications, any health conditions or limitations, and any special dietary needs or allergies: \_\_\_\_\_

DATE OF LAST TETNUS IMMUNIZATION (participants must have an updated Tetnus or have a waiver signed and notarized!): \_\_\_\_\_

PHYSICIAN'S NAME & NUMBER: \_\_\_\_\_

INSURANCE CO.: \_\_\_\_\_

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

Subscriber Employment: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber #: \_\_\_\_\_