

# Steubenville South 2017

Alexandria, Louisiana

June 23-27, 2017



## St. John Participant Registration Form

### PARTICIPANT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Participant Type (circle one):          STUDENT                  CHAPERONE

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender (circle one):    MALE    FEMALE

### GUARDIAN INFORMATION (if participant is a student)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

(continued on next page)

## EMERGENCY CONTACT INFORMATION

(check here if same as guardian information)

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

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

Cell Phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

## MEDICAL INFORMATION

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Medical History/Other Concerns: \_\_\_\_\_

## FOR STUDENTS

In the fall I will be a (circle one):      FRESHMAN      SOPHOMORE      JUNIOR      SENIOR

Year of Graduation: \_\_\_\_\_      Number of Youth Conferences attended in the past: \_\_\_\_\_

I am considering a major in: \_\_\_\_\_

Return this form to the St. John Parish Office or to one of your High School Youth Group leaders no later than Sunday, April 2. Space is limited, and spots will be reserved on a first-come, first-served basis.