



# 2018 MAYC Individual Registration Form

2110 Trawick Rd. | Raleigh, NC 27604 | 919.872.2215 | philiprabon@beaconbaptist.org | [beaconbaptist.org/mayc](http://beaconbaptist.org/mayc)

Name \_\_\_\_\_  
Last First Middle

Male  Teen   
Female  College   
First-time  Sponsor

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

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

Phone (\_\_\_\_) \_\_\_\_\_

Parent's Names \_\_\_\_\_

T-Shirt Size  
Small  Medium  Large   
XL  XXL  XXXL

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Leader's name \_\_\_\_\_ Your Signature \_\_\_\_\_

*\*I agree to abide by all conference rules and dress code. I will be willing and cooperative to comply in all areas.*

## Medical Form

**PARENTS & COUNSELORS:** ALL INFORMATION MUST BE FILLED OUT TO COMPLETE REGISTRATION

Any medical/food allergies? (penicillin, peanuts, etc.) \_\_\_\_\_

\_\_\_\_\_

Any other pertinent health information: \_\_\_\_\_

\_\_\_\_\_

Emergency names/phone numbers: \_\_\_\_\_

Ins. Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

My child has permission to attend the Mid-Atlantic Youth Conference on December 27-29, 2018, at Beacon Baptist Church in Raleigh, NC. If I cannot be reached in the event of an accident or other emergency involving my child, I hereby grant my permission for Beacon Baptist Church or any other church staff to authorize medical attention as necessary. I will not hold Beacon Baptist Church or its staff liable for any accident or injury that may occur. The Beacon Baptist Church staff or your youth pastor will notify you immediately of any such occurrence.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_