

NYM Registration Form
Event: 2017 Missions Bike Ride
Registration Deadline: August 18th

(please print clearly, each participant must complete a separate form)
(all riders must be 18 or older)

Personal Information

Name _____ Male/Female _____
Grade _____ Birth Date _____ Phone # _____
Address _____ City _____ State _____
Zip _____ Email _____
Church _____ FB Username _____

Medical Information

Clinic/Doctor _____ Phone _____
Insurance _____ Policy _____
Medicine Rider will be Bringing _____
Date of last Medical Exam _____
Health Conditions/Allergies? _____

(Ex: seizures, diabetes, sleepwalking, bedwetting, sore throat, nosebleeds, fainting, etc.)

Medical & Liability Release

Personal Authorization: I certify that this health history is correct as far as I know, and Nebraska Youth Ministries, it's agents and employees, have permission to transport me to such a physician and/or hospital as they may select, and to authorize and secure hospitalization, treatment, surgery, and/or medications for me as they or the health care professionals involved may deem necessary for my well being. And to hold harmless, Nebraska Youth Ministries, it's agents and employees, with respect hereto. Permission is also given to Nebraska District Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of Nebraska District Assemblies of God.

Signature _____ Date _____

Email: tobydyd@neag.org

or Mail: 1503 W 2nd Street, Grand Island, NE, 68802