



# LIFE Conference 2019

## Student Information Form – For Auburn Alliance Youth

---

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

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M or F CURRENT GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CELL NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### LIFE CONFERENCE INFORMATION:

Special Dietary Needs: (Circle one choice)

Nut Free    Gluten Free    Vegetarian    Vegan    Lactose Free    Gluten & Lactose Free

Bag Lunch Choice for Service Project Day: (Circle one Choice)

Ham                      Turkey                      Vegetarian                      Gluten Free

Disabilities: (Circle if applicable)    Hearing Impaired    Visually Impaired    Wheelchair

\*Also need a copy of your insurance card and a medical form (page 2)



# Medical Information Form

Student Name: \_\_\_\_\_

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

Student Date of Birth: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Please list any food, environmental or medicine allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

## **Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to Camper: \_\_\_\_\_

***Please bring this completed form, a copy of your insurance card with you***