

**Students Name:**

**Current Date:**



<b>School &amp; Grade</b>
Grade Level:
School:

<b>Parent/Legal Gardian Information</b>
Mother:
Mother's Cell:
Mother's Email:
Do you want Ridge emails? Y N
Do you want Ridge text? Y N
Father:
Father's Cell:
Father's Email:
Do you want Ridge emails? Y N
Do you want Ridge texts? Y N

<b>Emergency Contact Information</b> (Used ONLY if Parents Cannot Be Reached)
Emergency Contact:
Cell Phone:
Relationship to Student?
Emergency Contact:
Cell Phone:
Relationship to Student?

<b>Medical Information:</b> (it is our goal to get this information from you one time each year)
Insurance Company:
Identification Number:
Group Number:
Customer Service Number:
Doctor:
Doctor Phone:
Medical Conditions:
Allergies:
Medications:

<b>Parent or Gardian Signature:</b>

<b>Student Contact Information</b>
Student Home Phone:
Student Cell Phone:
Student Email:
Mailing Address:
City:
Zip Code:

<b>Details</b>
Date of Birth:
Male      Female
T-Shirt Size:
Graduating Year:
Home church if NOT LRUMC:

<b>Permissions</b>
Do you give permission for staff of LRUMC to give this student Acetaminophen or Ibuprofen if needed? Yes No
Photographs taken at LakeRidge events may be used on church websites or in newsletters unless other wise indicated. Yes NO
Do you give permission for this student to travel with LakeRidge UMC Youth in the transportation provided by the church? Yes No

<b>Is there anything else about your student you would like us to know?</b>

<b>Date:</b>