

(Office Use)

Donor ID: _____

Team ID: _____

YUGO Ensenada Outreach Center Registration

(Please type or print in black ink clearly)

Dates Attending:

Participant's Name: _____ Age: _____ Birth date: ____/____/____

Male _____ Female _____ Home Phone: ____/____/____ Cell Phone: ____/____/____

Address: _____ City: _____ St/Prov: _____ Zip/Postal: _____

E-mail address: _____ Occupation: _____

Name of Church: _____ Pastor: _____

Address: _____ City: _____ St/Prov: _____ Zip/Postal: _____

Are you a U.S. Citizen? Yes No

Is this your first YUGO Outreach? Yes No

If not, do you have a U.S. multiple entry visa? Yes No

Could you serve as a YUGO Interpreter? Yes No

Medical Information

Health Insurance Company: _____ Health Insurance Phone: ____/____/____

Name of Policyholder: _____ Policy/Group Number: _____

Date of last Tetanus shot (**must be current**) _____

Please list any severe food, drug allergies or major medical conditions that we should be aware of: Attach additional sheet with details if more space is needed.

In the Event of an Emergency – Please Contact:

Name: _____ Relationship: _____

Contact Phone: ____/____/____ Cell Phone: ____/____/____

Name: _____ Relationship: _____

Contact Phone: ____/____/____ Cell Phone: ____/____/____

Liability Release

I/we hereby release YOUTH UNLIMITED GOSPEL OUTREACH INC., it's officers, directors, employees, agents, and volunteer assistants from any and all liability whatsoever arising out of any injury, damage, or loss which may be sustained by the applicant named on this form during their participation with YOUTH UNLIMITED GOSPEL OUTREACH INC.

In the event of an injury or illness, I hereby give the YUGO Outreach Staff permission to secure necessary medical treatment, and I relieve YUGO of any and all liability in such an event.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Only if applicant is under 18 years of age)

Relationship to applicant _____

Please complete the below information if you are under 18 years of age

Father's Name: _____ Mother's Name: _____

Parent Address: _____ City: _____ St/Prov: _____ Zip/Postal: _____

Contact Phones: ____/____/____ (Hm) ____/____/____ (Cell) ____/____/____ (Cell)

Father's Email: _____ Mother's Email: _____

Occupation: _____ Work Phone: ____/____/____