CALVARY CHAPEL OF COSTA MESA

JUNIOR HIGH / HIGH SCHOOL MINISTRY ACTIVITY CARD

FOR THE MINISTRY YEAR OF JUNE 2014 - JUNE 2015

This registration card will remain effective and on file through the date above.

STUDENT INFORMATION			
First Name:	Last Name:		. Gender:
PARENT OR GUARDIAN INFORMATION			
First Name:	Last Name:		Gender:
Street Address:	City:		State / Zip:
Phone:		Cell:	
Email Address:			
OTHER EMERGENCY CONTACT			
Name:	•	Phone:	
Vame:		Phone:	
Parent's Employer:		Address:	
Insurance Company:		Policy Number:	
Policy Holder:		School Attending:	
•			
HEALTH HISTORY Please list any health concerns that we should	be aware of. Also include	anv known allergies to drug	s and/or insect stings.
HEALTH HISTORY Please list any health concerns that we should Concern #1:	be aware of. Also include of Concern #2:	any known allergies to drug	s and/or insect stings. Concern #3:
Please list any health concerns that we should			
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