

Lose Your Life Tours Registration Form



PERSONAL INFORMATION

NAME

First Name: _____ Last Name: _____ Middle In: _____

CONTACT INFORMATION

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Email: _____

ADDRESS

Street: _____ City: _____

State: ____ Zip: _____

EMERGENCY CONTACT

1

Name: _____ Relationship: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

2

Name: _____ Relationship: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

HEALTH INSURANCE

Company: _____ Phone: (____) ____-____

Cardholder: _____ Policy #: _____

I, _____ will be attending a Lose Your Life Tour during the summer of 2009. I have filled out the above information truthfully and correctly and understand that Outcry Ministries is not responsible for any injury or medical complication that may take place during this event.

In case of such medical emergency, I understand that my child's health insurance information will be given to the health care professional and that any expenses not covered by my child's insurance shall be my responsibility. I understand that Outcry Ministries will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

Name: _____

Signature: _____