

Student Registration and Medical Release Form

Student Name: Gender (circle one): M F Parent/Guardian Name: Address:		Insurance Company:Group I.D. #:		
				Subscriber I.D. #:
		City:	State: Zip:	
		Home Phone: ()	Business Phone: ()	If parent/guardian is unavailable in case of an emergency, please contact:
Student Birth Date: /	/ Grade in School:	Name:		
Home Church:		Relationship: Phone:()		
City:	State:			
event, I give my permission for	r such care.	r participation. If medical attention is required for illness or injury while attending this		
Parent/Guardian Signature:		Date:		
materials, websites, press rele that images used are consider	ases, and video. I understand my (or my stude ed the property of Cedarville University and n	udent's) image in University marketing promotions such as, but not limited to,: printed ent's) image will be used in a tasteful, professional and God-honoring manner. I agree nay not be sold or reused without the express consent of Cedarville University.		
		raphy of their student agree to contact Cedarville University in advance of the event to resolve		
any issues regarding the use of th		apily of their student agree to contact cedarvine onlyersity in advance of the event to resolve		
What to Bring:	Multi-Cultural Recruit Bible pen/pencil pillow sleeping bag/linens	tment Weekend Information towels personal items snack money signed medical release		
What to Wear:	(twin bed)			

Campus Contact Information

University Admissions: 1-800-233-2784 | Event Staff Email: chernandez@cedarville.edu