

**Senior Daughter/Sponsor REGISTRATION FORM**  
**Junior Daughters of the King Assembly at Camp Allen**  
**Dec 7-9, 2007**

Participant's Name \_\_\_\_\_

Volunteering to: \_\_\_\_\_

If Driving, do you have Automobile Insurance covering medical treatment of passengers: \_\_\_\_\_

I am currently certified in CPR/First Aid \_\_\_\_\_ I am a nurse \_\_\_\_\_ I am a physician \_\_\_\_\_

Sr. Chapter Name \_\_\_\_\_

Jr. Chapter Name \_\_\_\_\_

Position in Chapter (i.e. Jr Directress, Officer) \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_

I certify that I have completed The Safeguarding God's Children Training and the certificate is on file at

\_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph.# \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In emergency, notify \_\_\_\_\_

Phone \_\_\_\_\_

Allergies to medications and reaction \_\_\_\_\_

Other Allergies \_\_\_\_\_

Any Special Needs or Considerations That Need to be Addressed \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Insurance Co. Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_