

*Faith in Transition:  
Being a Christian in College*

November 9-10, 2013, Albion College, Albion, Michigan

**REGISTRATION FORM for YOUTH and ADULTS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Email \_\_\_\_\_ If adult, registering for Concurrent Session? Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contacts**

Name of Parent/Guardian (if youth) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Medical Information**

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_  
\* Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Contract Number \_\_\_\_\_ Group Number \_\_\_\_\_

Please list any allergies, illnesses, or physical disabilities that we need to be aware of. \_\_\_\_\_  
\_\_\_\_\_

Please list any medications, diet restrictions, or other accommodations needed. \_\_\_\_\_  
\_\_\_\_\_

I agree to abide by Albion College standards and expectations during my visit and understand that, in the case of an emergency, every attempt will be made to contact the listed parent or guardian prior to any medical treatment.

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

I authorize Albion College Student Health Services staff, administrators, Office of Student Affairs staff, and Campus Safety Officers to arrange for ambulance or other emergency transportation and emergency-room treatment in case of serious or sudden injury, illness or other condition. \* If possible please bring a copy of health insurance card/information with them during the visit.

Signature (if youth, must be Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the **Office of the Chaplain, Albion College, KC 4672, Albion, Michigan 49224**. You can fax to 517-629-0131. Registration is confirmed upon receipt of this form, so please send it as soon as possible. If the space limit for the retreat has been reached, you will be contacted with regrets (deadline is November 4, 2013).