

YEX Registration information

First Name: _____ Last Name: _____

Email: _____

Church/Ministry you are attending with: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Date of birth: _____

Gender: ____ Emergency Contact Name: _____

Emergency Contact #: _____

Medical Conditions: _____

Physical Limitations: _____

Instructions and Medications: _____

Date of last Tetanus or Booster: _____

I do not wish for my child to participate in the following: _____

*Consent and release form will need to be notarized and turned at registration. All info can be found at yexusa.com, so please look on site! Deposit is nonrefundable.