

# Singspiration Registration

Name \_\_\_\_\_ Age & Grade \_\_\_\_\_

Address \_\_\_\_\_ Male \_\_\_ Female

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Local Church \_\_\_\_\_

District WVN WVS Payment \_\_\_\_\_ Cash Check \_\_\_ Participant \_\_\_ Sponsor

## Emergency and Medical Information

Parent's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Physician \_\_\_\_\_

Emergency Medical  
Information \_\_\_\_\_

Prescriptions to be taken \_\_\_\_\_

## Medical Release

I, \_\_\_\_\_, do hereby grant the adults of the West Virginia District NYI. The power of attorney to grant my child, \_\_\_\_\_, medical attention in the event of an emergency. I understand that every attempt will first be made to contact me but in the event I cannot be reached the West Virginia District NYI is authorized to act on my behalf. I also release those said adults and the West Virginia District from any liability.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Contact Bart Hodel with any questions.  
Phone: 925-3721 Email: [binwv@hotmail.com](mailto:binwv@hotmail.com)