**PowerHouse Regional Youth Conference Emergency Information**

Please Print

Participant’s Last Name First Name Birth Date

Home Address City State Zip Code

If Participant under 18, Parents/Guardians Printed Names

Home Phone Number If under 18, Parent’s Phone Number Emergency Cell Phone Number

Emergency Contact Person Relationship Phone Number

Family Physician Address Phone Number

Health Insurance Company Name Group & Policy Numbers

Health Insurance Company Phone Number Policy Holder

**With my signature below I verify that the information above is true and accurate to the best of my knowledge**.

Participant’s Signature (Parent/Guardian if under 18) Date

Please email this form to Manchester University

[ReligiousLife@manchester.edu](mailto:ReligiousLife@manchester.edu) ATTN: Church Relations 604 E. College Ave.

Or mail to Manchester University by using the address: North Manchester, IN 46962