



SALT LAKE CITY, UTAH

NWIL NYC 2026

PARTICIPANT INFORMATION FORM (teens & sponsors)

Please complete this form and return it to your local youth pastor/sponsor

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Church: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

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

Parent(s)/Guardian E-Mail: \_\_\_\_\_

Parent(s)/Guardian Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Medication: \_\_\_\_\_

Medical or Special Needs: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Allergies: \_\_\_\_\_

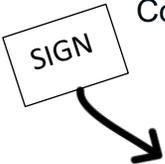
Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give authority to Carole Eatock, NWIL NYC Director and Ronda Hollars, NWIL NYI President to obtain medical attention or to authorize treatment at any hospital in the event of a medical emergency.

I also recognize the authority of all district sponsors and the NYC Staff as those who will supervise this event and uphold proper conduct. I understand that my son/daughter could be sent home and that I would be responsible for their transportation home and any destruction of property.

I will not hold the Church of the Nazarene or NWIL District responsible for accident, injury, or theft. My son/daughter has my permission to attend Nazarene Youth Conference 2026.



\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date Signed)