



Membership Application 2018-2019
Tianeshia Miller – Youth Coordinator
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 1560 S Main Street, Greensboro, GA 30642
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ATLAS Office Use Only	
Date Rec'd:	Rec'd by:
<input type="checkbox"/> Accepted	<input type="checkbox"/> Wait Listed

Participant's Name:		Age as of August 2018:
Grade as of Aug. 2018:	School:	Date of Birth:
Home Address:		
City:	Zip Code:	Gender:
Participants Enjoys:		
Does your child attend or participant in any other programs that may conflict with their attendance at our programs? Yes No (If yes, please list them.) 1. _____ 2. _____		

Please list any/all allergies participant has and any/all medical information of which the Youth Coordinator should be aware. **If there are not known allergies, please indicate that as NKA.**

Parent 1	Parent 2
Name:	Name:
Cell #	Cell #
Home #	Home #
Work #	Work #
Email:	Email:
Participant lives with:	

* Information regarding upcoming events will be sent via flyer or e-mail.*

Emergency Information	
Emergency Contact (other than parents):	
Relationship to Participant:	Emergency Phone #:
Physician Name:	Physician Phone #:
Insurance Name:	Policy/Plan #:
Insurance Phone #:	Group #:

Others Authorized for Pick-Up		
Please limit to no more than 3 Authorized pickups besides parents or guardians		
Name:	Phone #	Relationship:
Name:	Phone #	Relationship:
Name:	Phone #	Relationship: