

# BEHOLD

FLY 2025 | JOHN 1:29

Information you will need to have ready to register as a **Student**:

Name

Graduation Year

Gender

Cell Phone Number

Student email

Mailing address

Birth Date

Emergency Contact Name

Emergency Contact Phone Number

Group Attending FLY (Dropdown to select your church/group)

\*Note Group Leader info will auto fill.

Image Release

Parental Consent Medical Release

Health Insurance

Family Physician Information

Allergies

Medications

Select your payment preference (Credit Card or Check)

Select your payment option (Deposit or Full Payment)