

# YOUTH RETREAT REGISTRATION FORM

1. Register and pay online at [www.cofchrist-gpnw.org](http://www.cofchrist-gpnw.org), or complete this registration form in full on **both sides** and mail to the event director.
2. Please include either the Early Bird Fee (if offered) or full Registration Fee; refer to retreat flyer for amounts and deadlines. Make checks payable to "Community of Christ."
  - I plan to use the Two-for-One deal. Friend's name: \_\_\_\_\_ . (To qualify, friend never attended a Community of Christ RETREAT before; can have attended a Community of Christ camp.)
  - My congregation is helping to pay for part, or all, of my registration fee. (**Attach Financial Assistance Form.**)

## EVENT SELECTION

Name/Date/Location of retreat/activity: \_\_\_\_\_

## PARTICIPANT AND CONTACT INFORMATION

Name:	Age:	Entering Grade:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth:	Phone:	Email:	
Address:	City:	State/Province:	Zip:
Roommate Preference:			
Religious Affiliation:		Home Church:	
Name of Custodial Parent or Legal Guardian:		Name of Additional Parent, Legal Guardian or Next of Kin:	
Work or Cell Phone:		Work or Cell Phone:	
Email:		Email:	

I hereby give permission for the following people, other than parents/guardians listed above, to pick up participant (please list):

## EMERGENCY NOTIFICATION: These persons will be contacted if parents/guardians are not available.

Name 1:		Address:	
City:	State/Province:	Zip:	Relationship:
Phone:		Email:	
Name 2:		Address:	
City:	State/Province:	Zip:	Relationship:
Phone:		Email:	

## CONSENT AND RELEASE

**Photo Release:** In consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to any said pictures or videotapes.

**Parent/Guardian Signature:**

**Date:**

**Activity Consent:** I specifically consent to my applicant's participation in activities offered by this event, including, but not limited to, camping, boating, canoeing, swimming, hiking, body surfing and sporting activities. I have **marked through** any items from the preceding list to which I do not give consent for participation. I certify that my applicant has the necessary skills to participate in any of the approved activities. (If boating is approved, the participant can swim.) **I specifically DO NOT want my applicant to participate in the following activities:**

**Parent/Guardian Signature:**

**Date:**

**Transportation Consent:** We understand that some activities involved in by this event may require travel to other locations. All transportation during this event will be provided by event staff or people designated by them. All drivers of vehicles will be appropriately licensed and over the age of 21. We understand that most transportation will be done in privately owned vehicles that are in good condition and considered safe.

**Parent/Guardian Signature:**

**Date:**

**Liability Release:** The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Greater Pacific NW Mission Center, Community of Christ for participation in this event, we (I) being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the aforementioned event and Community of Christ and the directors thereof from any and all liability, claims, or damage for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of our [my] child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

**Parent/Guardian Signature:**

**Date:**

<b>Participant Name:</b>	<b>Date of Birth:</b>	<b>Parent Phone:</b>
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**PARTICIPANT COVENANT**

I, \_\_\_\_\_, hereby agree:  
*(print name of participant)*

1. To turn in my completed and signed registration form;
2. To spend the entire scheduled time at the event without interruption unless special circumstances arise and are approved by director and/or my parent/guardians;
3. To live by the rules, schedules and purposes of the event program;
4. To live by the health, safety and property care rules of the Community of Christ event I attend;
5. To leave all electronics and electronic media at home;
6. To not possess or use tobacco products, alcohol, or illegal drugs at the event;
7. To be courteous and respectful of the person and property of others;
8. To not use foul language or derogatory remarks;
9. To dress in an appropriate way that maintains my personal dignity and the dignity of others;
10. To do my best to be a good participant and give my best to make the event a positive experience for all participants and staff.

**X Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HEALTH INFORMATION**

General health condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Date of last tetanus vaccination:
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Is participant currently under a physician's care for any acute or chronic medical condition?  Yes  No  
 If yes, please explain:

Personal physician:	Phone number:
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Hospital/clinic of choice:

Health Insurance Provider:	Health Insurance Provider Phone:
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Policy Holder's Name:	Policy #:	Group #:
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Does participant require prescription medications? (Include dosage instructions and any other helpful information.):

Does participant carry non-prescription medication? (Please list medication(s) and purpose.):

Are there any medications that should not be given? (Tylenol, throat lozenge, laxative, etc.):

Allergies - environmental, food or medicine (if none, please so state):

Special Dietary Restrictions (if none, please so state):

Event Activity Restrictions:  None  Strenuous activities  Swimming  Other (describe):

Describe recent or major illnesses, injuries, surgeries, or exposure to contagious or infections disease (please include dates):

Girls: Has menstruation begun?  Yes  No If no, has she been told about it?  Yes  No

Does participant have any history of, or is he/she currently being treated for, the following:

<input type="checkbox"/> Anemia	<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Digestive disorder	<input type="checkbox"/> Epilepsy/seizures	<input type="checkbox"/> Fainting	<input type="checkbox"/> Fractures	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Hernia
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> HIV	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Kidney trouble	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Nervous disorder	
<input type="checkbox"/> Skin disease	<input type="checkbox"/> Skin ulcer	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Tonsillitis			

Other: \_\_\_\_\_

If yes to any of the above, please explain:

Please check any of the following conditions that apply to the participant:

<input type="checkbox"/> Cramps	<input type="checkbox"/> Toothaches	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Stomachaches	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Vision problems	<input type="checkbox"/> Constipation	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Earaches	<input type="checkbox"/> Swimmer's ear
<input type="checkbox"/> Recent emotional upset (death of loved one, divorce of parents, etc.); please explain:					<input type="checkbox"/> Fainting	

Please describe any other medical, emotional, psychological, dietary or physical condition that could affect the applicant's experience at the event:

**Permission for Medical Treatment: I, the undersigned (parent or legal guardian), hereby authorize any necessary medical treatment for the applicant/myself. I also guarantee all payment of all charges incurred during this medical treatment.**

**X Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_