

REGISTRATION FORM

Student Name _____
Parent/Guardian Name(s)/Phone # _____
Emergency Contact _____ Phone _____
Student Address _____
City _____ State _____ Zip _____ Home Phone _____
Student Cell Phone _____ Date of birth _____ Grade completed _____
Student email _____ Parent email _____
List up to 3 people you would like to room with _____

MEDICAL TREATMENT INFORMATION

Insurance Co. _____ Group # _____
Policy/ID# _____
Comments or Relevant Medical Info _____
Medicine being brought on this retreat _____
Dosage Instructions _____

Is it okay to give your child the medication listed below? (Circle Yes or No):

TYLENOL (YES / NO) ADVIL (YES / NO) BENADRYL (YES / NO) MAALOX (YES / NO)

SIGNATURES

- ~We (parent and student) have read the Beach Escape brochure in its entirety and understand the information.
- ~I (parent) give permission for my child to attend Beach Escape and agree to pay the associated cost.
- ~Student agrees to abide by all Nexus guidelines as stated in the Beach Escape brochure as well as verbal rules the leadership may add. Parent agrees to hold student responsible for abiding by the guidelines and will arrange transportation home at parent's expense if they fail to do so.
- ~In the event of an emergency, where medical treatment is required, parent gives permission to student ministry leadership to obtain the services of a licensed physician. Parent will be notified immediately concerning any such emergency.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

T-SHIRT SIZE - ADULT SIZES - CIRCLE ONE - X-SMALL / SMALL / MEDIUM / LARGE / X-LARGE / XX=LARGE

Cost - \$230

Registration Deposit: \$115 DEPOSIT IS DUE ON MAY 27 / \$115 BALANCE IS DUE ON JUNE 10

Please make checks payable to: RIVERSIDE COMMUNITY CHURCH

Mail to: NEXUS STUDENT MINISTRY / 800 3RD ST. OAKMONT, PA 15139

You can find details or register online at nexusm.org or email: shelly@nexusm.org