

**Fall Retreat: Friday, Oct. 26th - Sunday, Oct. 28th
Lake Geneva Youth Camp: \$130
Registration Form and Release Agreement**

Full Name of Participant: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Birth date:** _____ **E-mail Address:** _____

Contact in Case of Emergency:

1st Choice: _____

Contact Numbers (home, work, cell, etc.): _____

2nd Choice: _____

Contact Numbers (home, work, cell, etc.): _____

Family Physician Full Name: _____ **Phone:** _____

Allergies: _____

Limitations on activity or special diet/health concerns: _____

Date of last Tetanus Immunization or Booster: _____

Current Medications: _____

Is Parent sending it? (If so, please fill out a medical information on the back.)

Insurance Carrier: _____ **Phone:** _____

Insurance Identification or Group #: _____

Person Insurance is through: _____

Parental Agreement: We, the parents/legal guardian of the child named above, do hereby consent to our said child participating in the Jr. High Retreat 2017 in connection with Christ United Methodist Church on the dates indicated. We assume all risks and hazards incidental to such participation and we do hereby release, waive, absolve, indemnify, and agree to hold harmless Christ United Methodist Church, their officers, agents, and any leaders, coaches, helpers, assistants, and person supervising or assisting or in any way connected with such activity for any claim arising out of or injury to our child as a result of such activity. In the event of injury or sudden illness to our child, we further specifically authorize the staff or adult leaders from Christ United Methodist Church to consent on our behalf to any emergency medical treatment recommended by a duly licensed physician and for that limited purpose and extent, we do hereby appoint such person as our attorney-in-fact to so consent on our behalf. I (we) understand that it is my (our) sole responsibility to check with my physician regarding any physical or psychological problems which may limit our child's participation in this program. Further, it is my responsibility to have valid and sufficient medical and accident insurance for the duration of this program. I know that Christ United Methodist Church is not responsible to provide this coverage. If my son/daughter is in possession of or is reasonably suspected of using or taking tobacco, alcohol, or non-prescription drugs, he/she may, at the discretion of the Christ United Methodist Church staff or volunteers, be sent home at my expense. I also understand that both moving and still photos of my child may be taken and used for promotional purposes of Christ United Methodist Church.

Camper Participant Agreement: I, the participant, understand that although Christ United Methodist Church has taken care to provide proper equipment, suitable facilities, and trained staff, it is impossible to guarantee absolute safety. I understand that I must assume responsibility for my own safety. This means that I agree to follow any instructions and directions given me by the staff and leadership, and will seek to act carefully and with good judgment. I also agree to participate fully in all programming. Furthermore, I agree that the staff or volunteers of Christ United Methodist Church may search any of my possessions, and I consent to that search. Further, I agree not to carry, possess, or use any alcohol, tobacco, or non-prescription drugs of any kind at this retreat. I understand that a violation of this contract of camp rules will result in an immediate dismissal from the camp at my expense.

Dated at Rockford, IL, this _____ day of _____, 20__.

Participant Signature: _____

Parent/Guardian Signature: _____, _____

Notary Public: _____ **Date:** _____

Please note: While notarization is not legally necessary, it does speed up any potential hospitalization or medical treatment that might be needed. For this reason, we encourage you to have your form notarized. Kathy Wight and Linda Kuntz, staff members at Christ United Methodist Church, are registered notary publics and will notarize your form at no charge.

CHRIST UNITED METHODIST CHURCH CAMP MEDICINE RECORD

Camper's Name: _____

Parent Names: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____ Pager/Cell Phone: _____

Doctor Name: _____ Dr. Phone #: _____

Medicine and strength: _____

Dosage and frequency: _____

Amount of medicine being sent: _____

Medicine and strength: _____

Dosage and frequency: _____

Amount of medicine being sent: _____

May child alter medicine schedule? YES _____ NO _____
If yes, how?

Comments/Concerns:

Camper signature: _____ Date: _____

Parent signature: _____ Date: _____