

# 2019 Crossroads District Midwinter Retreat

Friday, February 8, 7:00 pm to Sunday, February 10, 11:30 am

## Student Registration Form

Student's Name \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Email address \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers  
Home \_\_\_\_\_ Cell \_\_\_\_\_  
Work \_\_\_\_\_

Home Church \_\_\_\_\_

Special Needs/Allergies/Medical Information/Other:  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____

## Additional Terms

### Health Release

I hereby give my permission, consent, and authorization for any medical treatment deemed necessary by a hospital or physician while participating in Midwinter. I agree to assume responsibility for the costs of transportation, including any specialized evacuation and of any medical care. I appoint the adult leader in charge my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

I agree to the above additional terms

### Photo Release

I, the undersigned, do hereby authorize and give to Midwinter permission and the absolute right to take, publish, use, edit, reproduce, distribute and other similar activity my likeness and/or voice regardless of the medium used, to specifically include but not limited to, photographic, video, audio, digital or other electronic medium. I understand that this information may be used for any lawful purpose to include artistic works, promotional or advertising efforts, publicity or recruitment and by signing this document expressly authorize such use.

I agree to the above additional terms