

# Summer Youth Retreat: Saturday, July 18- Sunday, July 19

Check-in 9-9:30; Dismissal 11am. Registration due July 1. If you forget to mail your form on time, text Jennifer Chervenka at 254-913-1244. No registrations will be accepted after July 12.

**Youth 6th grade and older \$30 Adult visitor \$10 Child Visitor (10 & under) \$5**

Name: \_\_\_\_\_ Church: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle One : Youth Adult Child

Parent(s)' Names & Cell Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Email address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Insurance Phone#: (\_\_\_\_) \_\_\_\_\_ Policy#: \_\_\_\_\_

Please list any allergies, medical conditions, medications being taken, and any other information that might affect medical treatment. INCLUDE FOOD ALLERGIES. (ALL medications must be in original containers and given to the camp nurse at check-in.)

For anyone over age 18: Driver's License # for background check: \_\_\_\_\_

\*By providing your license number, you consent to the background check required by law. You will not be allowed on premises without it.

## Medical Release:

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff of sponsors to secure the services of a licensed physician to provide the care necessary, including anesthesia, admittance to a hospital, clinic, or emergency center or physician's office, for my child's well-being.

## Photo Release:

I (we) understand that photographs will be taken throughout the activities of this event. I (we) give permission for my child to be included in such photos including but not limited to a group photo, individual photo, and session photos throughout this day. I (we) understand that these photos will be used for crafting, a scrapbook, and/or be posted to the unity youth website.

By signing below, I (we) acknowledge full understanding of the contents of this form. I (we) release the sponsors, encampment, BYF, youth coordinator, any agent paid or volunteer, the local congregation, and the Unity of the Brethren Church from all liable claims.

Parent/Legal Guardian/Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_