

FALL RETREAT REGISTRATION FORM

Student Name _____

Date of Birth _____ Gender _____

Grade _____

Parents'/Guardians' Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ Parents' Cell _____

Insurance Carrier _____

Policy/ID# _____

Insurance Phone _____

In Case of Emergency Contact _____

Emergency Contact Phone Number _____

List all current medication/dosage _____

Any activities to be restricted? _____

Health History: Does student have allergies, heart problems, asthma, blood disorders, past serious injuries, seizures, diabetes, past surgeries, chronic recurring illness, etc.? Explain.

Emergency Authorization: I give my child permission to attend Family of Christ's Fall Retreat , October 28th-29th. In the event that I cannot be reached in an emergency, I hereby give permission for the leadership of my church and/or retreat personnel to have an authorized doctor or medical professional hospitalize, administer medical aid and treatments, order injections, anesthesia or surgery for my child at any time they believe an emergency exists. I will be responsible for all medical bills. I agree not to hold Family of Christ, Spring Lake Park or the leaders responsible for any accident should it occur.

Signature _____ Date _____