

**Faith Church Youth Retreat**

Individual Registration and Emergency Release Form

Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Participant's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address \_\_\_\_\_

Guardian's Insurance: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Indicate current medications or medical treatments:

\_\_\_\_\_  
\_\_\_\_\_

List allergies, dietary concerns, or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

*Authorization for Treatment:*

I hereby give permission to the medical personnel selected by the Youth Retreat Leaders to order x-rays, routine tests, and necessary transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the staff to secure and administer treatment, including hospitalization, for my child names above.

*Signature of Parent/Guardian:* \_\_\_\_\_

*Permission:*

I hereby give permission for my child to participate in all retreat/event activities except as noted above. Further, I give permission for use of photos of my child to be used in promotion unless noted. My child will follow the rules of the retreat/event and the directions given by staff.

*Signature of Parent/Guardian:* \_\_\_\_\_

**Basic Covenant**

The covenant is a basic agreement for participants and adult advisors to ensure a safe, enjoyable gathering.

All persons attending have been asked to sign this pledge.

I pledge to conduct myself in a way pleasing to God, to represent my church and congregation with respect to others. I pledge not to use alcohol or illegal drugs, will not smoke if under 18, and will respect the property.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_