Fall Teen Retreat (IN South Wesleyan District) Registration 2017

REMINDER: District teen events are only for those who are in grades 7-12

NAME: _____AGE: _____ M/F: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

GRADE: _____ DATE OF BIRTH: _____
(include birth year)

CHURCH NAME: _____

PARENT/GUARDIAN NAME: _____

EMERGENCY PHONE NUMBER(S): _____

MEDICAL NOTES (INCLUDE ANY MEDICATIONS BEING BROUGHT ONTO THE CAMPGROUNDS, EVEN OVER-THE-COUNTER, AS WELL AS ANY MEDICAL CONDITIONS OR ALLERGIES TO ALERT ADULT LEADERS. *All medications must be turned in upon arrival*. If more space is needed, use the back of this form or attach another sheet):

_____

_____

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_____ _____
CAMPER SIGNATURE PARENT/GUARDIAN SIGNATURE

By signing this form, the camper agrees to follow all camp guidelines, and both parent and camper understand that camper will be sent home for serious violations of camp rules (no smoking/tobacco/drugs/alcohol or inappropriate behavior with any other campers, leaving the campgrounds without permission, etc.) Parent and student consent for photos/videos taken of the camper during the retreat to be used in promotional material for future events, as well as for medical care to be provided for minor medical concerns on the campground or transport to be arranged either with a leader or by ambulance to a hospital or emergency care if needed (with the knowledge that in the case of a serious medical concern, the emergency contact on this form will be notified immediately if able to be reached). Students agree to refrain from wearing immodest clothing or clothing with inappropriate pictures or wording. There will be a charge made for damage to rooms or campgrounds.

_____ Student paid $25 by _____

Make Checks/Money Orders out to *Indiana South Wesleyan Youth.*