

INDIVIDUAL YOUTH WORK RETREAT REGISTRATION FORM

Parents and Youth, Please return this completed form to your minister or youth leader. Deadline is **March 8, 2012**.

Name of Youth (PRINT)					

M/F	Age	Grade	Emergency phone	Emergency phone	T-shirt

Parent or Guardian is to sign release if youth is under 18. Youth over 18 will need to sign the release themselves.

Parent/Guardian Release

My/our child has my/our permission to participate. I/We understand that all activities will be closely supervised, and that medical and/or hospital care will be given if serious illness or injury occurs. I/We understand that I/we will be notified in case of serious illness or injury; and if I/we cannot be contacted, I/We give permission for emergency treatment as recommended by the attending physician or dentist. I/we further release the camp director(s) and staff, Christian Church In Kentucky Region and Christian Church In Kentucky-West Area from responsibility and liability for any accidents or illnesses occurring during this event. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. aspirin) if the situation warrants.

Parent/Guardian Signature	
✘	

ADULT LEADERSHIP: one adult per five youth!

Print name(s) below of Adult Leader	Gender	T-shirt

Feel free to duplicate this form, but signatures are to be originals.

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