

YOUTH WORK RETREAT REGISTRATION FORM

Deadline is **March 8, 2012**.

Church Name: _____

Address: _____

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

Name of Youth (PRINT)	Emergency phone	Emergency phone	T-shirt size	Parent/Guardian Signature
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕
_____ M/F ____ Age ____ Grade ____				✕

ADULT LEADERSHIP: one adult per five youth!

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

Original Parent Signatures