

# Fall Retreat Registration Form

*Presbytery of the Northern Plains "Youth Connection" Team*

**Friday-Sunday, October 6-8, 2023 Cost: \$50**

## **Youth and Adult Participant Information:**

Full Name \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_

Home Phone \_\_\_\_\_ Personal Cell Phone \_\_\_\_\_

Home Church \_\_\_\_\_

Allergies? (please list) \_\_\_\_\_

Medications? \_\_\_\_\_

*\*Please let Chaperone or Event Leader know if Medications should be paid attention to.*

## **Emergency Contact Information:**

Parent/Guardian Name(s) \_\_\_\_\_ Relation \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

## **Medical and Photo Release for Treatment of a Minor**

I/We, the undersigned parents of \_\_\_\_\_, a minor, do hereby authorize the Presbytery Youth Leader Representative as agent for the undersigned to seek the appropriate medical attention for my child, should such attention be required while my child is attending or in route to and from the Youth event.

I hereby give permission to the treating physician to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the treating physician to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child as named above.

I authorize and trust Presbytery of the Northern Plains to safely publicize pictures of my child through electronic media, print, broadcast, or any other means of communication.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Participant Agreement (Youth and Chaperones)**

No weapons (knives, etc.), drugs, alcohol, or tobacco products allowed. Everyone will participate in all scheduled activities and honor all meetings times. Any infraction will be dealt with by the Youth committee and if sent home it will be at your own expense. I understand and will comply with the above rules:

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form with your \$50 registration fee to Kayla Bones c/o First Presbyterian Church, 650 2<sup>nd</sup> Ave N, Fargo, ND 58102 by Friday, September 15. Checks can be made out to Presbytery of the Northern Plains. Scholarship Assistance is available.**