

Retreat Registration

1 Student = \$150; 2 or more = \$300

Student Information:

Student Name (#1) _____ DOB _____
Gender _____ Ht _____ Wt _____ Grade in School _____
Allergies _____
Dietary Restrictions _____
Daily Medications _____
Other Medical Info _____

(If applicable):

Student Name (#2) _____ DOB _____
Gender _____ Ht _____ Wt _____ Grade in School _____
Allergies _____
Dietary Restrictions _____
Daily Medications _____
Other Medical Info _____

Student Name (#3) _____ DOB _____
Gender _____ Ht _____ Wt _____
Allergies _____
Dietary Restrictions _____
Daily Medications _____
Other Medical Info _____

Address _____ City _____
State _____ Zip _____

Contact Information:

Parent/Guardian Name(s) _____
Home Phone _____
Mobile Phone _____
Emergency Contact (other than parent) _____
Relationship to Child _____
Home Phone _____
Cell Phone _____

Insurance:

Are your children covered by medical/hospital insurance? Yes / No
Insurance Carrier _____
Policy # _____
Name of Responsible Party _____
Name of Family Physician _____ Phone _____

Medical Consent Form

By signing this form I give my informed consent to provide basic First Aid, including the use of over-the-counter medications.

I understand that it is my responsibility to make arrangements for a student with greater healthcare needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize Parkview Church to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to supervisors at the retreat to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization. I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer for my child. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims.

I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature _____ Date _____

Waiver of Liability

This agreement releases Parkview Church from all liability relating to injuries that may occur during its winter retreat. By signing this agreement, I agree to hold Parkview Church entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

By signing below I forfeit all right to bring a suit against Parkview Church for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Participant Signature

Date

Transportation Waiver

I give permission for my child to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Signature _____

Date _____