# Young Adult Registration Form

Retreat Date: (*12/28/2018-12/30/2018*) Retreat Fee: $55

Payment Amount: $_____ ☐ Cash ☐ Check #_____

## CAMPER INFORMATION

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Church/Location:_____

E-mail:_____

DOB:_____/_____/_____ ☐ Male ☐ Female

Phone #: _____

Arriving:_____ Departure:_____
*(Date & Time)* *(Date & Time)*

## MEDICAL INFORMATION

(Check all that apply and explain below)

| | | |
|---|---|---|
| ☐ Allergies | ☐ Asthma | ☐ Diabetes |
| ☐ Dietary Restrictions | ☐ Heart Trouble | ☐ Anxiety/Depression |
| ☐ Activity Limitations | ☐ Seizures | ☐ Other |

_____

_____

Tetanus date _____/_____

Current Medication (send with instructions):_____

Permission to administer over-the-counter medications: ☐ Yes ☐ No

Health Insurance Carrier:_____

Policy #:_____ Policy Phone #: _____

Physician/Clinic:_____

*Mail Registrations to:*
Church of God 7th Day
c/o Jesse Hopewell
5131 167th Ave SE
Kindred, ND 58051

Contact info:
Jesse Hopewell (701)428-3667
jandw@centurylink.net
Paul/Tori Moore (701)552-2386
ptmoore724@hotmail.com

## PARENT/GUARDIAN OR EMERGENCY CONTACT INFORMATION

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

E-mail:_____

Phone #: _____ Relationship to Camper:_____

## PARENTAL CONSENT AND LIABILITY/MEDICAL RELEASE:

- Every person attending and participating at the retreat must complete a registration form, and by signing this form agree to 1.) Abide by all rules, 2.) Cooperate with retreat advisors, and 3.)Participate in retreat activities.
- Electronic devices, such as, cell phones, I-pods, CD/Media players, etc. are not permitted during class times.

This health history is correct as far as I know and the above listed camper has permission to engage in all prescribed activities except as noted above by me. Every activity sponsored by the Fargo Church of God (7th Day)/Retreat planning committee/Inspiration Point Camp is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unseen events can occur.

By signing this form, the parent/guardian (or of age 18 or older camper or adult advisor) agrees to assume and accept all risks and hazards inherent in retreat-related activities. They also agree to not hold the Fargo Church of God (7th Day)/Inspiration Point Camp or its employees or volunteer assistants or youth counselors liable for damages, losses, and injuries to person or property. I give my permission for the camp nurse to treat the above listed camper in the event of a minor illness or minor injury. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injections, anesthesia, or surgery for my child.

_____
*Campers Signature* *Date*

_____
*Parent/Guardian Signature if Camper is under the age of 18* *Date*