

Young Adult Registration Form

Retreat Date: December 16, 2022 (4pm) – December 18, 2022 (11am)

There is no Retreat fee, but free will donations are welcome. Thank you!

Location: Byron Bible Camp 40546 S Shore Rd. Huron SD

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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Anxiety/Depression |
| <input type="checkbox"/> Activity Limitations | <input type="checkbox"/> Seizures | <input type="checkbox"/> 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
161 Evergreen Cir
Kindred, ND 58051

Contact info:
Jesse Hopewell (701)361-4814
jandwh@outlook.com
Tori Moore (701)552-2386
tsavre17@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/Byron Bible 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)/Byron Bible 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.

_____ Date

_____ Date