

christyle

youth ministry
2012 Winter Retreat Registration Form
February 17-19

1 Camper Information

Last Name: _____ First Name: _____ M.I. _____

Sex (circle one): M F Birthdate: _____

Camper's Cell Phone Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Attended in 2011-12: _____

Youth Group Regularly Attend: _____

2 Parent/Guardian Information

1st Parent/Guardian's Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

2nd Parent/Guardian's Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

3 Payment Information

The entire balance is due upon registration for Winter Retreat.

Payment Schedule is as follows:

... If paid in full by 12/25	...	\$70
... If paid in full 12/26 - 1/31	...	\$85
... If paid in full 2/1 or later	...	\$95

Optional Activities for Saturday (skiing, swimming/rockwall, etc..) will be available for an additional charge.

5 Parent Consent / Medical Release

**PARENTAL CONSENT/MEDICAL TREATMENT FORM
SPOKANE VALLEY CHURCH OF THE NAZARENE
This document will cover Winter Retreat
February 17-19, 2012**

I, the undersigned parent of the youth listed below, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff at a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the youth named above, I do hereby expressly consent that my son/daughter may receive emergency treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center rendering such service.

Name: _____ Age: _____

Address: _____ Phone # _____

MEDICAL INFORMATION

Medical Insurance Provider: _____

Insurance Number: _____

PARENT INFORMATION

Father's Name: _____ Contact # _____

Mother's Name: _____ Contact # _____

Emergency Contact: _____ Contact # _____

List Allergies _____

List Medications _____

Student Signature: _____

Parent Signature: _____

6 Payment Information

Register by February 8, 2012, in one of the following ways:

Mail registration form and payment to: **SVNC - 15515 E. 20th Ave. - Spokane Valley, WA 99037**

Drop registration form and payment by the church office: **Monday - Friday 8:30-4:30**

Give registration form and payment to Pastor Mike during regular Christyle events, **Sundays or Wednesdays**

If you have any further questions: Please call Pastor Mike @ 926-1545