**REGISTRATION FORM 2018**

**POCAHONTAS COOPERATIVE MINISTIRES SUMMER YOUTH RETREAT**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please Circle One**: Male Female

**Home Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade Completed** \_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room Assignment** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Assignments Made by Counselors—Cooperation Expected)

**Team Assignment** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To help ensure a good retreat, it is essential that everyone be on their best behavior. The signing of this commitment by each child is required. Parent/Guardian should go over the form with the attendee to ensure understanding of commitment.*

**COMMITMENT**:

I commit myself to uphold Christian standards of moral behavior. These include 1) Living by simple guidelines of love and respect for the rights, feelings and property of others. This includes a hands-off policy. 2) Participation in all scheduled activities and being in designated places always, including meals. 3) Refraining from bringing or using anything considered illegal for a minor in West Virginia including but not limited to tobacco, alcohol, illegal or prescription drugs, weapons of any type, firearms and fireworks. 4) Following rules for lights out and quiet time. 5) Remaining on retreat grounds unless permission is granted by the director of the retreat before and at time of departure. 6) No food in the rooms. 7) No fighting, excessive horseplay, unmannerly conduct or profanity. 8) Being attentive during study and worship times.

I understand that if I break this commitment at any time my parent or guardian WILL BE CONTACTED, and I may be dismissed from the retreat itself.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL CARE**:

If a staff person need administer first aid to your child/charge including taking them to an Emergency Room for care, we will make every effort to notify you as soon as possible. Please complete the form below giving retreat staff/director authorization to administer and/or seek medical care.

I, the undersigned parent/guardian, hereby grant permission for my child to attend the Pocahontas Cooperative Ministries Youth Retreat dated June 24-27, 2018 and if necessary to receive any necessary first aid treatment from retreat staff and/or medical professional. I authorize hereby release and discharge the retreat staff and/or Pocahontas Cooperative Ministries, Ambassadors for Christ Ministries, Eaden in the Alleghenies AFC from any and all debts and judgements, or suits of any kind that may arise or be occasioned as a result of the applicant’s participation in this retreat. I do understand and acknowledge that there is always a possibility of physical illness or injury and that my child is assuming the risk for such illness or injury by his/her participation in the retreat.

**Special Medical Conditions of Child/Participant**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescribed Medications to be Administered by Retreat Nurse: (please note type, name and proper administration process/time)**

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**Printed Name of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**:

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Evening Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_