

**EMC Spring Youth Retreat (April 6-8 2018)  
REGISTRATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

EMERGENCY PHONE NUMBERS & CONTACT NAME(S):

( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

CHURCH \_\_\_\_\_

PASTOR \_\_\_\_\_

**PLEASE ANSWER ALL THE FOLLOWING QUESTIONS INCLUDING DETAILS (Please use the back, if needed)**

1. Does your youth take any medicine regularly? If yes, give details \_\_\_\_\_

2. Is your youth allergic or sensitive to medicine or inoculations, asthma, hay fever, insect bites, poison oak/ivy, any foods, etc.?

If yes, give details and list medications.:

3. Please specify any other information that would be helpful for the adults supervising your youth during Youth Retreat. (Significant recent illness, accident, health history, etc.) You can use the space below and on the back.

4. Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

My youth has permission to participate and travel to the EMC Spring Youth Retreat at Cedar Lakes Conference Center (Ripley WV). I, the undersigned am the legal parent and/or guardian of \_\_\_\_\_, and I give him/her permission to participate fully in EM Youth Spring Retreat activities unless otherwise noted. I give the Church & EM Youth Retreat Leaders permission to obtain, in an emergency, medical or surgical care for him/her in the event I cannot be reached and such is necessary. I understand that every effort will be made to locate me in case of such an emergency. I also consent to their picture being used in Church & EM Youth related publications, websites and promotional materials (digital and print).

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date