



OASIS WORSHIP CENTER

Christian Youth Retreat 2025

REGISTRATION FORM

*** **DEADLINE TO REGISTER: 10 JULY 2025. Form must be returned to participate.** ***

_____ PARTICIPANT'S NAME	_____ AGE	_____ DATE OF BIRTH
_____ ADDRESS		_____ PHONE
_____ SHIRT SIZE	_____ CHURCH AFFILIATION	

I, _____, grant my permission to accompany Oasis Worship Center
PARENT/GUARDIAN (Please Print)
Church to attend **Christian Youth Retreat 2025** that will take place at the **Laguna Beach
Christian Retreat in Panama City Beach, FL** on **July 17 - 20, 2025**. I have received a copy of
the Rules & Guidelines and Packing List that governs this event and have fully read these documents.
My signature below affirms my full understanding and agreement.

In case of an emergency, my permission is granted to the Christian Youth Retreat (CYR)
staff/chaperones to act on my behalf. The CYR staff may seek medical help, releasing them from any
liability or responsibility of expenses associated with said incident/accident.

_____ PARENT/GUARDIAN SIGNATURE	_____ PARENT/GUARDIAN PHONE	_____ DATE
_____ ALTERNATE POINT OF CONTACT	_____ RELATION	_____ ALTERNATE'S PHONE
_____ NAME OF INSURANCE CARRIER		_____ INSURANCE NUMBER

MEDICAL SCREENING

1. Please list Medical Conditions/Concerns: _____

2. Please list Food Allergies/Dietary Needs/Medications: _____
