

RYCE 2022 Registration EMBODIED (Col 3:15-17)

Dec. 29-31, 2022 at Pali Retreat

T-Shirt Size Preference:

- Youth M Youth L
 Adult S Adult M
 Adult L Adult XL

Participant Information

Please fill in all blanks and print clearly.

<hr/>	()	<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/> JH <input type="checkbox"/> HS <input type="checkbox"/> Counselor	<input type="checkbox"/> Male <input type="checkbox"/> Female
FIRST NAME	LAST NAME	PHONE	GRADE	BIRTHDATE			
<hr/>				<input type="checkbox"/> Christian <input type="checkbox"/> Non-Christian <input type="checkbox"/> Not Sure	<input type="checkbox"/> Baptized <input type="checkbox"/> Not Baptized		
STREET ADDRESS		CITY	STATE	ZIP CODE			
<hr/>			SCHOOL	CHURCH	(*"NA" IF NOT APPLICABLE)		
FULL EMAIL ADDRESS							

Emergency

Check if participant has any medical conditions, allergies, physician prescribed medications or activity restrictions, and list all on back. For prescription medication, a pharmacy label is preferred (please tape to back), or written instructions from parent. All special diets and medication are the participant's own responsibility.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Back trouble	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Coordination issues
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Fractured Bones	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Heart Defect/disease	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Lung Problem	<input type="checkbox"/> Measles	<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Prescription Medicine	<input type="checkbox"/> Seizures

PARTICIPANT'S HEALTH PROVIDER _____ MEMBERSHIP NUMBER _____ PROVIDER'S PHONE _____ ()

EMERGENCY CONTACT _____ RELATION TO PARTICIPANT _____ () DAY PHONE _____ () EVENING PHONE _____

EMERGENCY CONTACT _____ RELATION TO PARTICIPANT _____ () DAY PHONE _____ () EVENING PHONE _____

Agreement

Medical

- I authorize the Retreat Staff to provide a certified First Aid provider to administer to the participant First Aid and over the counter medication as needed for illness or injury, as well the medicine noted above.
- I authorize the medical personnel selected by the Retreat Staff to order x-rays, routine tests and treatment for the participant named above.
- If the emergency Contacts listed above cannot be reached in an emergency, I authorize the physician selected by the Retreat Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for the participant named above.
- In case of injury to participant, I waive all claims against the church listed above, the retreat organizers, sponsors, and any of the supervisors appointed by them. I likewise release from responsibility any person transporting the participant to and from the activities.

General

- As the legal guardian of the participant named above, I permit the participant to attend this retreat at Pali Retreat, from 12/29/22 – 12/31/22.
- I assume all risks incidental to the conduct of the activities of, and transportation to and from, the retreat. I release, absolve, indemnify and hold harmless the said church, retreat staff, sponsors, and supervisors from any and all (1) loss, (2) injury, (3) disease including, without limitation, COVID-19, or (4) other damage to, during, and from the retreat, that may occur.
- I give Retreat Staff and its representatives permission to use photographs or video taken during the retreat that include my child in any and all media products for promotion, art, advertising, editorial or other purposes.
- I verify that the information on this form is true. This agreement will be effective until 01/01/2023, unless sooner revoked in writing and delivered to Retreat Staff.

Participant

I, the participant, agree to abide by all retreat rules, participate in all scheduled retreat functions, and submit to Retreat Staff. Failure to comply may result in expulsion from the retreat, and possibly mean having my parents drive me home from the retreat.

Parents or Legal Guardians

I have read, fully understand, and agree with the terms of the agreement listed above. (If the participant is ≤ 17 years old, a legal guardian must sign the authorization below. The participant and an adult witness must sign below.)

Authorization:

SIGNATURE OF LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18 YRS OLD PLEASE PRINT NAME DATE

Participant:

SIGNATURE OF PARTICIPANT PLEASE PRINT NAME DATE

Witness:

SIGNATURE OF WITNESS PLEASE PRINT NAME DATE

Office Use Only

Date Rec'd

Amount Paid

Check# / Cash

Processed by

Yes No
Circle if Signed