

INDIVIDUAL REGISTRATION FOR YOUTH AND ADULTS

LEVEL UP | MIDDLE SCHOOL RETREATS - 2013

PACIFIC NORTHWEST CONFERENCE

Each participant registering needs to complete both sides of the form; please photocopy form on white paper. Youth participants must be in grades 6-9. There must be 1 adult chaperone (same gender) for every 1-6 youth (same gender).

Check One: INDIANOLA RETREAT | February 9-10 (Early Bird, January 23)
 TWINLOW RETREAT | October 26-27 (Early Bird, October 9)

Register by
the Early Bird date to
receive a T-Shirt at no
additional cost!

General Information:

Name _____

(_____) _____
Home Phone

Street Address or P.O. Box _____

Email Address

City, State, Zip _____

Your Church (Please no initials)

Grade: 6 7 8 9 ADULT CCOYM

Gender: F M

Special Registration¹:

Payment Information:

Retreat registration fee is **\$75.00**. This includes a T-shirt when received by the Early Bird Date. \$_____

Retreat registration fee includes housing, 3 meals, all program costs and T-shirt if received by Early Bird date..

Please circle size: S M L XL 2X 3X (3X may be a different color/brand)

I would like to contribute an additional amount to for Imagine No Malaria (suggested contribution: \$5-\$10) \$_____

TOTAL AMOUNT \$_____

Please return this registration form to your youth leader unless you are a special registration¹ in which case return this registration to the following address: **Middle School Retreat, Pacific Northwest Conference, P.O. Box 13650, Des Moines, WA. 98198**
Unless you received other instructions from your church, make check payable to PNW Conference Treasurer.

I would like to pay by (pick one): CHECK \$_____ VISA/Mastercard (circle one) \$_____

Credit Card # _____

Credit Card Expiration Date _____

Card Holder Signature _____

Name as it appears on credit card _____

Insurance Information:

Emergency Contact during the Retreat _____

Relationship to Participant _____

(_____) _____
Home Phone

(_____) _____
Cell Phone

Doctor's Name _____

(_____) _____
Doctor's Phone

Doctor's City, State, Zip _____

Primary Insured's Name _____

Group # _____

Primary Insurance Company _____

Policy # _____

¹ Please be in contact with us if you are the only person from your church interested in attending. Often we can help connect individual youth with other groups so they can also participate.

Medical Information:

Any limitations to physical activities (*circle one*)? YES NO

Do you have allergies to any medications or other things (*circle one*)? YES NO

Will participant be under medication during the retreat (*circle one*)? YES NO

Do you have any food restrictions or special needs (*circle one*)? YES NO

If YES to any of the above, please explain:



Other items of medical information the camp nurse should have about the participant:

Retreat Covenant:

As a participant of the retreat, and as a representative of my local congregation, I agree to accept the following guidelines as my covenant:

- Participation in all scheduled activities is expected. If you need special assistance to fully participate, please contact Teri Tobey at (206) 870-6822.
- All youth and adult participants are limited to the camp grounds.
- Anything considered illegal for minors under civil and criminal law in the state of Washington/Idaho is considered to be illegal for retreat participants. This would include drug use, alcohol consumption, tobacco, and possession of firearms, weapons, and fireworks. Adults are expected to abide by these same restrictions.
- *Smoking, tobacco, incense, candles, etc. are prohibited at the Middle School Retreat.*
- Participants are to be in their assigned sleeping area by the designated time each night. Each person is to respect other participant's need for sleep, as well as caring for himself/herself.
- Participants will live by the simple guidelines of love and respect for the rights, feelings, and property of others.

I understand that if I do not follow the simple guidelines above, that appropriate disciplinary action will be required, for youth and adults. Appropriate disciplinary action might include the calling of parents and/or pastor and/or dismissal from the retreat (at the participant's own expense). Decisions about appropriate action will be made by the leadership of the retreat, in consultation with their church's group leader or chaperone.

I have read the Middle School Retreat covenant and agree to abide by it.

PARTICIPANT SIGNATURE: _____

Parental Consent of Participation, Emergency Care, & Media Release:

In signing this form, I hereby certify that this information is correct. In CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify the **emergency contact person** named on the reverse side of the form. I hereby give permission to the event coordinators to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. In the event that that person cannot be reached, I give permission to the retreat leadership and/or nurse to notify a physician, and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for participant named above.

With regard to my (or my child's) appearance at and/or in the video production during the event, I hereby consent to and give permission for the Pacific Northwest Conference of The United Methodist Church (PNWUMC), to use my (or my child's) name, voice and likeness in its programs and activities, including the advertisement and promotion of the same, and I further consent that my (or my child's) name, voice and likeness may be used by such other parties to whom the said PNWUMC shall give permission. This consent shall include any or all remarks, contributions, or performances that I may make or give in connection with my appearance and participation. I acknowledge that the PNWUMC has full ownership rights to the video production, and that its proceedings, including my appearance, may be transmitted or otherwise exhibited, in whole or in part, throughout the world, without limitation as to time, in any medium, and by any means, method or device now or hereafter known, by the PNWUMC, or its licensee, as many times as it wishes, without further authorization from me.

I shall not hold the PNWUMC nor any of its officers or agents liable in any way for any occurrence in connection with the activities described above and personally assume all risks in connection with the activities, even if such activities result in injury, death, dismemberment, injury to reputation, emotional distress or other damages to my child or the child's family, heirs, or assigns, or myself. I shall save and hold harmless the PNWUMC and its officers and agents from any claim by me, my family, estate, heirs, or assigns arising out of my/our child's participation in this activity.

I shall exempt and release the PNWUMC and its officers and agents from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. The parties shall resolve any dispute arising under the agreement only through negotiation, mediation, or binding arbitration.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement that I have read and understand.

GUARDIAN/ADULT PARTICIPANT'S SIGNATURE: _____ **DATE:** _____