Individual Event Registration/Medical Release Form

CLUB Youth Retreat 2027 - EACH person attending a CLUB Ministries retreat must complete both pages of this form. This form must be properly signed and witnessed. Please type or print legibly. Youth under the age of 18 must also have the permission portions (behavior, emergency medical care and media release) signed by a parent/guardian.

Individual Registration Fee Enclosed $169

$ _____

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD AND complete medical information on page 2 of this form

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Email _____

Church _____ Group Contact _____

1 BEHAVIOR STATEMENT:

I understand this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by event staff or adult group leaders are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco (if a minor), nor alcohol, or illegal drugs. I will not bring weapons of any sort. I will attend all sessions of the event. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better. I will observe the curfew set by my leaders. I will wear clothing appro-priate for a Christian event, including modest clothing, appropriate for a Christian event. I recognize that willful failure to comply with instructions can cause serious problems and, upon consultation with staff, may result in immediate contact of parents to make arrangements for me to be returned home at my expense.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above. (My parents and) I understand violation of the guidelines may result in my being sent home.

2 MEDIA RELEASE:

The CLUB Ministries reserves the right to use any photograph or video taken at any CLUB sponsored retreat, without the expressed written permission of those included within the photograph or video. CLUB may use the photograph or video in media produced, used or contracted by CLUB including but not limited to: brochures, CLUB newsletters, books, press releases, magazines, television, websites, etc.

3 EMERGENCY MEDICAL CARE:

In the event that _____
(person attending event)
suffers any illness or accident requiring emergency hospitalization while at this CLUB retreat, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests and treatment for the health of the above named.

I realize that every effort will be made to contact me and/or the contact person in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold CLUB Ministries nor any other organization/facility/staff associated with this event responsible in the event of accident, loss, or death.

I give permission for medical personnel on site to administer OTC medications listed on the reverse of this form.

Signature of person attending event: _____ **Date:** _____

Signature of parent - *Includes **Behavior Statement** agreement, **Media Release**, and permission to provide **Emergency Medical Care** if person attending is under the age of 18.:*

Parent: _____ **Date:** _____

Witness: _____ **Date:** _____

Address: _____ **Phone Number:** _____

Witness: _____ **Date:** _____

Address: _____ **Phone Number:** _____

Parent's Work Phone: _____ **Parent's Cell Phone:** _____

***Note:** Electronic signatures carry the same legalities as a handwritten signature.*

Individual Event Registration/Medical Release Form

EACH person attending a CLUB Ministries retreat must complete both pages of this form. This form must be properly signed and witnessed. Please type or print legibly. Youth under the age of 18 must also have the permission portions (behavior, emergency medical care and media release) signed by a parent/guardian.

Name _____ ☐ **Male** ☐ **Female** **Youth Date of Birth** _____

☐ **Adult Counselor** **Background Check:** ☐ **Yes** ☐ **No**

Emergency Information | ATTACH COPY OF INSURANCE CARD

Contact _____

Relationship _____

Ph. No. #1 ***(with area code)*** _____

Ph. No. #2 ***(with area code)*** _____

Medical Insurance Co. _____

Name on Policy _____

Relationship _____

Policy # _____

Special Medical or Dietary Needs _____

Known Allergies _____

Limitations _____

All current medications _____

Possible OTC medications allowed:

☐ **Aspirin** ☐ **Tylenol** ☐ **Ibuprofen** ☐ **Neosporin**

☐ **Hydrocortisone** ☐ **Benadryl** ☐ **Cough 'n Cold**

☐ **Other** _____

Please return this form to your church group's contact person.

Office use only. Do not write in this space.