

RETREAT REGISTRATION FORM – Camp John Speer High School Fall Retreat, Oct. 20-22, 2017

Make check in the amount of **\$55.00** payable to: **Presbytery of East Tennessee**. Mail the completed form with check to cover the registration fee to: **Presbytery of East Tennessee, PO Box 1767, Greeneville, TN 37744** – Be sure to mail by Thursday, October 12, 2017 to qualify for the early registration discount.

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Circle Age: 9 10 11 12 13 14 15 16 17 18      Circle: Male Female      Circle: T-Shirt Size (Adult) S M L XL XXL  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_ Best way to contact about future events \_\_\_\_\_  
Home Church \_\_\_\_\_ Pastor \_\_\_\_\_ Youth Leader \_\_\_\_\_

If all or part of student's registration fee is sponsored (to be paid) by a church in the Presbytery of East Tennessee, complete and attach the sponsorship form.

Parent/Guardians Names: \_\_\_\_\_  
Work and Cell Numbers (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_  
Email address (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact \_\_\_\_\_ Relation to Camper \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

**STUDENT'S MEDICAL PROVIDER AND HEALTH INSURANCE INFORMATION –To be completed by Parent or Legal Guardian**

Health Insurance Provider \_\_\_\_\_ Group Number or Subscriber ID \_\_\_\_\_  
Policy Number \_\_\_\_\_ Please include a copy of the Medical Insurance Card(s) (Both sides)  
Camper's Doctor or Medical Provider \_\_\_\_\_ City \_\_\_\_\_  
Phone Numbers \_\_\_\_\_

Is camper allergic to any food or medications? No Yes (Please specify) \_\_\_\_\_

Do you give permission for camp staff to give the camper over-the-counter medications, if needed? (Ibuprofen, Acetaminophen, Pepto Bismol, etc) Yes No

Does camper have an epinephrine pen? Yes No Does camper have a diabetic pump or shots? Yes No Have you brought any medications to camp? Yes No If you have brought any medications to camp, complete a medical form listing the correct dosage and times to take the medication (Medical form is needed even if info is on bottle)

Does the camper have any condition that may require special care, medication or diet not listed above? No Yes (explain)

\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL CONSENT and RELEASE OF LIABILITY – To Be Completed by Student's Parents or Legal Guardian**

I give my child permission to participate in the Fall Retreat marked above with the Presbytery of East Tennessee, understanding that if they do not comply with the guidelines set forth by the event leadership and attending chaperones, they will be sent home at my expense. When I am not present, I am entrusting my child/youth's care to another responsible adult, whom I expect to make wise decisions on my behalf when I am not available to do so. Knowing that the event director and attending chaperones will have my child's best interest and safety in mind, I hereby release Cumberland Presbyterian Church, the Presbytery of East Tennessee, its member churches, the event director and adult chaperones from any legal liability concerning, but not limited to, any incident that results in injury, illness or death. I understand that in the case of any emergency, every effort will be made to contact me, but if I am not available or if decisions need to be made quickly for my child's wellbeing, I defer these decisions to the adult closest to the situation. Finally, I give the Presbytery of East Tennessee permission to use photographs, including images of my child, in future promotional materials for camps and other events.

Parents/Guardian's Signature:

(over)

**PARTICIPANT'S COVENANT AGREEMENT-** To be completed by the Student

I understand that my participation in the event with the Presbytery of East Tennessee is contingent upon my ability to abide by the guidelines set forth by the event sponsors and the adult leadership. I make the following promise to my fellow participants: 1. I will participate fully in the event and follow the schedule provided. 2. I will practice the buddy system and look to include others whenever possible. 3. I will not engage in any activity that could be deemed illegal. I have read and understand the camp guidelines. I am fully aware that a camp experience will require me to make personal sacrifices to which I may not be accustomed. Therefore, I hereby 1. Realize that living as a group will require me to be responsible in my actions and display Christian love and patience toward all members of the group, both youth and leaders. 2. Realize the importance of all members of the group following a schedule and the guidelines and instructions of the leaders. 3. Agree to participate fully in all activities. 4. Agree to maintain an open mind and heart in the teachings of Christ and for the leadership of the Holy Spirit.

Participant's Signature:

Date:

Date of Birth:

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