

YOUTH Retreat Passport

Please fill out this form and return it to
John Jr. Hogewoning or Trish Andree by January 31st!



Participant Information

Name _____ Phone _____

Address _____ City _____ Postal _____

Age/date of birth _____ Email _____

Parent/Guardian _____ Emergency Contact # _____

T-Shirt size (circle one) **XS S M L XL XXL**

Medical Information (all information will be kept confidential)

Family physician _____ Weekend Phone # _____

Insurance Carrier _____ Policy # _____

Health Card # _____

Do you have any allergies? If yes.. _____

Are you on any current medications? (example...inhaler) _____

Do you have any condition or limitation the leaders should know about to assure your well being at this event?

Please explain... _____

Travel Information

There will be transportation provided, whether it be by bus or carpool. We have two departure times.

When are you able to leave to go to the retreat on Friday, February 16th (**circle one**) 12 noon 6 pm

Registration Costs

Please RETURN THIS FORM and REGISTRATION FEE by January 31st, 2007. Failure to hand in form OR pay registration form could result in....

FEE:

\$120 for youth that are members of Hope CRC Youth group and/or church

\$145 for non Hope CRC members

Please make all cheques payable to **Hope Christian Reformed Church.**

FINANCIAL INQUIRIES

Please speak to Trish Andree or John Hogewoning if you need financial assistance.

SEE BACK OF FORM FOR MORE INFORMATION --->

... Form Continued

We Hereby Consent...

- 1) We and each of us consent and authorize the Retreat Director to provide treatment, whether on or off the retreat grounds, for any first aid, whether routine or emergency, including, without limitation, injury, illness, choking, etc..
- 2) If we parents/guardians cannot be reached in case our child has an emergency or other medical need, we and each of us hereby appoints, authorizes and constitutes the Retreat Director or other duly authorized staff member to act in our behalf as parents to authorize and consent to medical treatment for our child _____ including authorizing surgery. In case of need, we authorize any family or specialized physician, dentist, or other licensed health care professional, and also any licensed health care facility to provide any and all necessary treatment to our child.
The below consent and authorization includes routine, emergency, inpatient and outpatient care. Any health care professional or health care facility is authorized to accept and rely upon the retreat staff's representation if we cannot be reached. The original form shall be displayed to a health care provider, but this original shall remain in the custody of the Retreat Team.
- 3) We permit our youth to fully experience the community of others and to be challenged to live lives worthy of their calling in Christ Jesus.

Signed (parent/guardian) _____ Date _____
(if under 18)

NOTES:
Please make cheques payable to HOPE Christian Reformed Church.
Cheques are to be returned with Passport (this form) by January 31st, 2007.
If there are any reasons why this can not be returned by the deadlines, please contact Trish Andree or John Jr. Hogewoning.
Please notify us 1 week in advance if you can not make this event after registering.
Thank you!