



# 2010 Youth Winter Retreats

# GODQUEST.COM

## Registration Form

**I am a:**  Student  Adult Sponsor – **Must have a completed Counselor Application on file with the Regional office before the start of the retreat. Available at <http://www.disciplesnw.org/docs/CampCounselorAndCITApplication.pdf>**

**Registering for:**  Chi Rho Retreat, March 5 - 7, 2010 **\$98.00**  
**Double K Retreat Center, Easton, WA**  
 (6, 7, 8<sup>th</sup> Graders)  CYF Retreat, March 19 -21, 2010 **\$98.00**  
**Camp Koinonia, Cle Elum, WA**  
 (9, 10, 11, 12<sup>th</sup> Graders)

**Deadlines:** Registrations and all fees MUST be received before the deadline listed below for youth and adult sponsors. **NO EXCEPTIONS**

**Chi Rho Deadline: February 23, 2010**      **CYF Deadline: March 9, 2010**

**My T-Shirt Size:**  Adult Small  Adult Medium  Adult Large  Adult XL  Adult XXL  
*Please call or email the Regional Office if you'd prefer a larger size t-shirt*

**Pastor Signature:** Pastors, please indicate with your signature that you understand this youth will be attending an NWRCC Winter Retreat and that your congregation is responsible to send one adult sponsor for every 1-6 youth attending (adult must have completed a Counselor Application form before retreat)  
**Signature:** \_\_\_\_\_

**Gender:**  Male  Female      **Birthday:** \_\_\_\_\_      **Current Grade:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
 First                                  Middle Initial                                  Last                                  Nickname

**Mailing Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 City    State    Zip

**Home Phone:** (    ) \_\_\_\_\_      **Email Address:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

<b>Parent Emergency Contact Person:</b> _____	Relationship to Youth: _____	<b>Mother</b>	<b>Father</b>	<b>Guardian</b>
		<b>(circle one)</b>		
Daytime Phone: (    ) _____	Evening Phone: (    ) _____			
Mobile Phone: (    ) _____	Any Other Phone: (    ) _____			

<b>2<sup>nd</sup> Emergency Contact Person:</b> _____	Relationship to Youth: _____			
Daytime Phone: (    ) _____	Evening Phone: (    ) _____			
Mobile Phone: (    ) _____	Any Other Phone: (    ) _____			

**Allergies:** (Please check all that apply)

Bee Sting  Hay Fever  Mildew   
Aspirin  Penicillin  Sulfa   
Poison Ivy  Poison Oak

Others & Food Allergies: \_\_\_\_\_

**Health History:** (Please check all that apply)

AIDS/HIV  Epilepsy  Hyper Activity   
Sore Throats  Kidney Trouble  Poliomyelitis   
Sinusitis  Bed Wetting  Whooping Cough   
Ear Infections  Heart Trouble  Rheumatic Fever   
Bronchitis  Convulsions  Tuberculosis   
Fainting  Sleep Walking  Operations   
Stomach Upsets  Diabetes  Serious Injuries   
Constipation  Chicken Pox  Measles   
Lice  Others:

Please explain any of the above which are checked: \_\_\_\_\_

**Medications:** Is this youth currently taking any medications? *Include Over-The-Counter Drugs as well.*  
*All medications must be sent to camp in their original containers to be turned over to camp staff at registration.*  
*A staff person will monitor & distribute medications as needed.*

Medication: \_\_\_\_\_ Dose & Time: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dose & Time: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dose & Time: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dose & Time: \_\_\_\_\_

**Registration is not complete without BOTH a youth and parent/guardian signature!**

**Youth Covenant**

I agree to participate fully in this event and cooperate with all event leaders. I will not bring electronic games, **cell phones**, TVs, tobacco products, alcohol, drugs (except those specified by my parent/ guardian on this form), fireworks, and/or firearms, knives, or other weapons. I understand that if I break this covenant or do anything to harm myself or others on the event site or if I break this covenant, I will be sent home at my parent's expense.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

**Parent/Guardian Permissions**

I give my consent for \_\_\_\_\_ to attend the event identified on this form. I have read and understand the above covenant. In addition, I realize that I will be personally responsible for picking him/her up from the event if she/he violates any part of the covenant.

During travel to and from the event and its duration, I hereby give my consent for adult sponsors or Regional Staff to authorize emergency care or surgical treatment for my child (if under 18) in the event I cannot be reached immediately for my permission.

I understand that photographs will be taken at this event and I consent for their use in promotional materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return forms and payment prior to the deadline by mail to the following address:**

**Northwest Region of the Christian Church (Disciples of Christ)**  
**18000 72<sup>nd</sup> Ave S, Suite 171, Kent, WA 98032**

**Phone: 253-893-7202**

**nwrcc@disciplesnw.org**  
**Toll Free: 866-938-1008**

**Fax: 425-251-4967**

**Please make checks payable to NWRCC. Thank you.**