

**2012 NWRCC Chi Rho/CYF Winter Retreat**  
**March 9-11, 2012 • Camp Koinonia, Cle Elum, WA**



it's the circle of life • and it moves us all • through despair and hope • through faith and love • 'till we find our place • on the path unwinding • in the circle... • the circle of life...

**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 Age Group **\$110.00** (6, 7, 8<sup>th</sup> Graders) Price now includes Friday Dinner and Sunday Lunch  
 CYF Age Group **\$110.00** (9, 10, 11, 12<sup>th</sup> Graders) Price now includes Friday Dinner and Sunday Lunch  
**Credit Card Payments Welcome** Call 253-893-7202 ext 100 to pay by phone  
**\*\* Small Groups, many activities and sleeping arrangements are based on age \*\***

**Deadlines:** **Registrations and all fees MUST be received before the deadline listed below for youth and adult sponsors. NO EXCEPTIONS FEBRUARY 24, 2012**

**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:** ( ) \_\_\_\_\_ **Family Email:** \_\_\_\_\_

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

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

<b>Parent Emergency Contact Person:</b>	_____	Relationship to Youth:	_____	<b>Mother</b>	<b>Father</b>	<b>Guardian</b>
				(circle one)		
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:	( ) _____			

<b>Allergies:</b> (Please check all that apply)	<b>Health History:</b> (Please check all that apply)
Bee Sting <input type="checkbox"/> Hay Fever <input type="checkbox"/> Mildew <input type="checkbox"/> Aspirin <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Poison Ivy <input type="checkbox"/> Poison Oak <input type="checkbox"/>	AIDS/HIV <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hyper Activity <input type="checkbox"/> Sore Throats <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Sinusitis <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Bronchitis <input type="checkbox"/> Convulsions <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Fainting <input type="checkbox"/> Sleep Walking <input type="checkbox"/> Operations <input type="checkbox"/> Stomach Upsets <input type="checkbox"/> Diabetes <input type="checkbox"/> Serious Injuries <input type="checkbox"/> Constipation <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Lice <input type="checkbox"/> Others: <input type="checkbox"/>
<b>Others &amp; Food Allergies:</b> _____ _____ _____ _____	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 ALL signatures: a youth and parent/guardian signature and pastor signature on page 1!**

<b>Youth Covenant</b>	
I agree to participate fully in this event and cooperate with all event leaders. I will not bring electronic games, <b>cell phones</b> , 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 I will be sent home at my parent's expense.	
Youth Signature	Date

<b>Parent/Guardian Permissions</b>	
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)**  
**PO Box 23819, Federal Way, WA 98093**

nwrcc@disciplesnw.org  
 Phone: 253-893-7202 Toll Free: 866-938-1008

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