



CASOWASCO CAMP & RETREAT CENTER SOLID YOUTH RETREAT REGISTRATION FORM

Please return this registration form to your Youth Leader

INDIVIDUAL REGISTRATION FORM

FOR OFFICE USE ONLY

PARTICIPANT NAME _____

CHURCH NAME _____

SOLID YOUTH RETREAT 2019

POSTMARK DATE _____

RCID _____

CONTACT INFO

Participant Name _____ Church Name _____

Participant Address (Street, City, State, Zip) _____

Home Phone _____ Email Address _____

Parent /Guardian _____ Emergency Contact _____

Phone (Primary) _____ Phone (Primary) _____

Phone (Secondary) _____ Phone (Secondary) _____

E-mail _____ E-mail _____

Address (if different) _____ Address (if different) _____

PARTICIPANT INFO

Date of Birth _____ Male Female Current Grade in School: _____

I am a: Youth Chaperone T-Shirt Size: _____

Family Medical Insurance Carrier _____

Insured's Name _____ Policy and/or Group #: _____

Dietary needs: _____ Allergies: _____

Operations, serious injuries, pertinent medical information (dates): _____


List ALL medications (include complete instructions): _____

Please note all special restrictions, behaviors, or considerations the staff should be aware of: _____

SIGN

This section must be signed by a parent or guardian for those under 18

I hereby register myself/my child for SOLID Youth Retreat, and give him/her permission to participate in all related activities. I give permission to release my/my child's name, address, and email address to other people participating in the program. I give permission for still/video pictures of me/my child to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care for me/my child, as needed..

 SIGNATURE _____ DATE _____