

## Student/Sponsor Registration Form

Jr High Winter Retreat, February 25-27, 2011

Your Name \_\_\_\_\_ Student \_\_\_\_\_ Sponsor \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home Address, City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Church Name & City \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Alt. Phone Number \_\_\_\_\_

Waiver: I hereby grant permission for my child to participate in all Jr. High retreat activities. I understand that such participation may involve risks not encountered in everyday life. In signing this form, I agree to assume and accept all the risks inherent in retreat related activities. I have no knowledge of any physical and/or mental impairment that would affect the named camper's participation in the retreat program of the NED NYI. By my signature I hereby waive and release Windsor Hills Camp & Retreat Center, New England District Church of the Nazarene, their employees and/or volunteers and their successors and assigns from any and all liability for any injuries, illnesses or losses, incurred while at Windsor Hills Camp and Retreat Center and/or as a result of my child's participation in any activities and/or programs of Windsor Hills Camp & Retreat Center. In case of emergency, I HEREBY GIVE PERMISSION to the physician selected by Windsor Hills to hospitalize, secure proper treatment for, or to order injections, anesthesia or surgery for applicant. (Every effort will be made to contact parents or legal guardian.) I accept responsibility for payment of all expenses incurred as a result of medical treatment.

Parent's Signature \_\_\_\_\_ Health Insurance: \_\_\_\_\_

ID# \_\_\_\_\_

I informed my youth leader that I am attending Jr. High Retreat (via phone \_\_\_ email \_\_\_ in person \_\_\_) Date \_\_\_\_\_

### Additional details you want us to know:

**My child needs medications: (Please List)** \_\_\_\_\_

**Those meds are in the care of: (Name adult)** \_\_\_\_\_

**My teen wants to room with: (Name one)** \_\_\_\_\_

**SAVE MONEY & REGISTER EARLY! \$50 DEPOSIT secures your early registration fee.**

#### **RETREAT COST:**

\$130 postmarked by Dec. 31

\$145 registering upon arrival

**Checks made payable to:**

**NED NYI**

**SPONSORS:** \$60.00

Total Due \$ \_\_\_\_\_

Enclosed: Non-refundable deposit \$50 \$ \_\_\_\_\_ Make check payable to NED NYI

Balance Due on Jan. 15 \$ \_\_\_\_\_ (Amount shown above less \$50 deposit)

**Mail completed form with \$50 non-refundable deposit (Make check payable to NED NYI)**

To Joshua Howard, 12 Hunter Rd Uxbridge, MA 01569