

For DYM Office Use Only.

Date RCVD: \_\_\_\_\_

GRP or IND / CASH or CHECK# \_\_\_\_\_ \$ \_\_\_\_\_ Deposit Paid

\$ \_\_\_\_\_ Balance Due

GRP or IND / CASH or CHECK# \_\_\_\_\_ \$ \_\_\_\_\_ Final Payment

# Back-to-Camp Fall Retreat

## Student Registration Form

[www.indianapcpg.org/youth.html](http://www.indianapcpg.org/youth.html)

### Personal Info

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Home Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_ Gender:  Boy  Girl

Email: \_\_\_\_\_ Include me on your email list  yes  no (must be > 13)

### Parent/Guardian Info:

Father's Name \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### Group Information

Church Group Name \_\_\_\_\_ Church Phone Number (\_\_\_\_) \_\_\_\_\_

Senior Pastor's Name \_\_\_\_\_ Group Leader's Name \_\_\_\_\_

### Emergency & Medical Info

#### Medical Insurance

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you carry family medical insurance: YES / NO (circle one)

Carrier Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Group Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

#### Secondary Contact Information

In the event of an emergency Indiana DYM and Medical Staff will contact the parent or legal guardian immediately. If we are unable to reach you, please list a secondary person whom we can call.

Name & Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

#### Medical Information

Are immunizations current for this student? YES / NO (circle one)

#### Allergies

Asthma: \_\_\_\_\_ Lactose Intolerant: \_\_\_\_\_

Allergies (food, medication, animals, insects, etc): \_\_\_\_\_

#### Medical Conditions

Heart Defect  Convulsion  Seizures  Diabetes  Bleeding/Clotting

Other – please explain \_\_\_\_\_

#### Medications/Prescriptions

Medications: (see policy)

#### Limitations

Are there any physical/mental limitations or any activities the student should be restricted from?

## MEDICAL RELEASE AND LIABILITY FORM

**This form must also be signed by the camper's Parent/Legal Guardian if under age 18**

I hereby authorize the Indiana District Youth Ministries and/or its representative, as an agent for me to procure medical, hospital or dental care for my child named on this form, in the event of injury or illness while the child is in the care of the above Named. I understand that I am financially responsible for any care procured. It is understood that this authorization given in advance of any specific diagnosis, treatment, or hospital care being required. But is given to proved authority in the part of my agent to consent to such medical care, should it become necessary. I also authorize designated medical professionals to dispense over-the-counter medications as needed to the camper listed above.

Student's Signature: \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

Parent/Guardian Signature (if under age 18) \_\_\_\_\_

Please note that upon arrival, each student will be examined privately for head lice. If nits of lice are present campers will be turned away with no refund issued. (See our no nit policy in the rules and regulations)

## POLICY AND STANDARDS OF BEHAVIOR AGREEMENT

Realizing that the RETREAT is a leadership training institution, and that it has certain ideals which must be maintained, after having read or have had read to me, I agree to abide by the rules and regulations of the RETREAT, and to waiver any and all claims against the Indiana District PCG Organization, The Pentecostal Church of God, any of Its District Board or its representatives, because of any injury or other damage that may be incurred to me or my property in connection with, or incident to, The Pentecostal Church of God.

In addition, I give my permission for any pictures taken by Indiana DYM staff to be used for Indiana District Youth Ministry publications and/or media.

Student's Signature: \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

Parent/Guardian Signature (if under age 18) \_\_\_\_\_

## PAYMENT TERMS and AGREEMENT

Your completed registration form and a \$20 deposit are required to register.  
Registrations received AFTER 10/16/09 will be assessed a \$10 late fee

**Please mark your registration fee and selected optional add-ons.**

- Registration Fee \$40 (submitted BEFORE 10/16/09)
- Paintball \$10 (includes 200 paintballs) (OPTIONAL)
- Retreat T-Shirt \$10 (OPTIONAL)
- Retreat Hoodie \$20 (OPTIONAL)

\*Make All Checks Payable to: **Indiana District Youth Ministries**

\*Once your registration form is submitted, your deposit is forfeited should you choose to cancel your registration

\*Final payment is due 1<sup>st</sup> day of the retreat during registration.

\*Personal equipment, paintball guns, and paintballs NOT permitted.

**MAIL YOUR COMPLETED APPLICATION TO THE ADDRESS BELOW**

**PCG Student Ministries \*30 Bridgewater Court #9 Lafayette, IN 47909 \*ph 765.490.0960 \***