Teen and Young Adults Retreat Registration Form

Mail Completed Form to: New Destiny Tabernacle YOUTH AND YOUNG ADULTS 2008 West NW BLVD., Spokane, WA 99205

**Teen and Young Adult 2021 Retreat**

Pinelow Park on May 28th

(**One camper per form**)

(**MUST BE 12 AND UP**)

Full Name (Last, First):

Parents’ or Guardians' Name:

Mailing Address:

City, State, Zip:

Email:

**Primary** **Phone**:

**Secondary Phone**:

Home Church:

**Teen to Return Home from Retreat with**:

Gender: Female Male

Birthdate:

Grade Next Fall:

Age at time of Camp:

**T-shirt** **Size**:

Immersed: Yes  No

Cabin Mate Request:

***To secure your place in a camp session, please submit a deposit of at least $50 with this completed form.***

**CANCELLATION** **POLICY**: If a registration is cancelled prior to the start of check-in for the camp session, we will refund all but $50. If cancelled after the start of a session, there will be NO REFUND.

First Time at RETREAT? Yes  No

How did you hear about us? Friend  Church  Other

If other:

**RETREAT** **HEALTH** **INFORMATION**

**MEDICATIONS**: Prescriptions and over the counter drugs must be in their original containers and turned in to the First Aid Station for safe storage. List all medications you plan to bring, the dosage schedule, and the reason for taking them.

Medication Information:

Objectional medications we may NOT give:

**SPECIAL** **DIETS**: We are able to accommodate a wide range of special diet needs, including: vegan, gluten free, dairy free, etc. Refrigerated space is available upon request to further accommodate special dietary needs. Please note below.

Does your camper have any special diet needs?

No  /Yes :

**WELLNESS** **POLICY**: All campers should be free of the following symptoms for at least 24 hours prior to start of the Camp Session: fever of 100 degrees or more, vomiting, diarrhea, contagious skin infection, or lice. Campers with these symptoms will need to return home. In the event of injury or illness, parents will be notified and are expected to come and pick up their camper.

Does your camper have any allergies, activity restrictions, and/or medical conditions: No

Yes :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier:       Group ID #:

**PERMISSION**, **EMERGENCY**, **LIABILITY**, **AND** **PUBLICITY** **RELEASE**

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge. I hereby grant permission for my child to receive first aid and emergency treatment as deemed necessary by Retreat Administrators and the attending physician. I voluntarily waive any claim against Youth and Young Adults Retreat Administrators, Camp personnel, or other person(s) caring for or transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with the activities of Youth and Young Adults Retreat Administrators. I agree to notify the Retreat Administrators of any changes prior to the start of the Retreat Session. I give permission for Retreat Administrators to use any photo, video or interview of my family taken at Youth and young adults Retreat to be used to illustrate, report, promote, or advertise for the ministry.

Parent/Guardian Signature:      Date:

**HOW TO PAY:** (download app) **GIVELIFY**: (Type in search) **NEW DESTINY TABERNACLE**: (press) **GIVE**: (type amount) **$120**: (press) **YOUTH MINISTRY RETREAT**

**Office** **Use** **Only**

$120.Payment Amount:\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Donations (optional):\_\_\_\_\_\_\_\_\_\_\_\_