

P. K. Retreat 2009

October 9-11, 2009

\$59 & registration received by Thursday, October 1st

Name: _____ Sex: M F

Address: _____ City: _____ Zip: _____

Hm. Phone: _____ Cell Phone: _____

E-mail 1: _____ E-mail 2: _____

District: _____ Church: _____

Date of Birth: _____ Grade: _____

In emergency, notify: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health History

_____ Allergies: Drugs/Insect Stings/Food _____ Asthma _____ Diabetes

_____ Physical Handicaps _____ Heart Condition _____ Epilepsy

If any of the above are checked, please give details (including normal treatment of allergic reactions): _____

Any Condition Requiring Medication (please list condition, medication and dosage):

Date of last Tetanus shot: _____ Any Physical Restrictions _____

Insurance Company: _____ Policy Number: _____

Phone: _____ Primary Insured's Name: _____

Release of Liability/Medical Release

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Regional PK Retreat Staff 2008 to hospitalize, to secure proper treatment for and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the Regional PK Retreat Staff 2009 to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release.

As parent or guardian of the above-named camper, I hereby agree to allow him/her to participate in all activities that occur at PK Retreat 2009.

I realize that unanticipated and unexpected dangers may arise during and associated with camp activities. I voluntarily agree to accept any and all risks of injury arising from camp activities.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and medical release. I am signing it of my own free will.

_____ Date: _____
Parent or Guardians Signature

_____ Relationship to Camper: _____

Please PRINT Name