



2009 PARTICIPANT REGISTRATION

NAME: _____ AGE: _____ PHONE: _____

EMAIL _____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____ BIRTHDATE: _____ SEX: _____

DISTRICT: _____ CHURCH: _____

PARENT/LGUARDIAN: _____ W.K. PHONE: _____

EMERGENCY CONTACT: _____ W.K. PHONE: _____

FAMILY PHYSICIAN: _____

INSURANCE COMPANY: _____ POLICY #: _____

MEDICATIONS: _____

MEDICAL RESTRICTIONS: _____

I hereby approve this application and certify it's correctness. I understand that all students attending will be expected to act in a Christ-like manner. Any disruptions of meetings, or scheduled events can result in the disciplinary action of the Retreat Staff, up to and including expulsion. Parents will be responsible to transport their son/daughter home immediately upon notification. I hereby understand and agree to the above rules and regulations.

I hereby give permission for _____ to participate in all the activities with the above medical restrictions. I give my permission to the physician selected to hospitalize, secure proper medical treatment for, and to order injections, anesthesia and/or surgery for my child named above. In addition, I give permission to the above named to participate in demographic surveys conducted by the Southwest Region and Point Loma Nazarene University.

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____