

Which weekend are you attending?

_____ Combo #1 – March 27th - 29th

_____ Combo #2 – April 3rd - 5th

_____ Combo #3 – April 17th - 19th

***to be counted in for the retreat
you must have a guardians signature
on this form if you are under 18**

Name:

Circle one: Male Female

Grade: 6 7 8 9 10 11 12 Leader

Church Name:

Personal Information

Parent or Guardian Name:

Address:

City: State: Zip:

Home Phone:

Cell Phone:

Emergency Contact:

Emergency Contact Phone:

Medical Questionnaire

1. Is your child presently taking any medications or carrying any emergency medication? YES NO

| Medication | Dose | Condition Being Treated |
|------------|------|-------------------------|
| A. | | |

B.
2. Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? YES NO

3. Allergies (food/medicine)?

CONSENT & CERTIFICATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that neither the Church, Lake Champion, nor the Metropolitan District of the C&MA will be responsible for medical expenses incurred, but that such expense will be my responsibility as parent/guardian. I agree to notify the Church in the event of any health changes which would restrict my child from any activity that I do not feel is within the physical capabilities of my child. I, the undersigned, being parent or legal guardian of the child named herein (“the child”) do hereby consent to the participation of my child in all of the scheduled activities of the Metropolitan District of the C&MA, “Metro Youth,” 2020 youth retreat at Lake Champion in Glen Spey, NY; including swimming, boating, hiking, climbing, ropes course, zip line, climbing wall, sporting events, and any other activities that are associated with this church youth weekend. Further, I certify that my child is physically fit and adequately trained to participate in such events except as previously noted.

I do hereby assume full responsibility for any and all damage, injuries (including death), or losses that my child may sustain or incur, if any while attending, practicing, participating, or witnessing any program, sport or physical activity occurring in or about the Lake Champion premises or at any off site location. I hereby assume full risk, wave all claims and release and hold the Church, Lake Champion and the Metropolitan District of the C&MA harmless of any and all claims for injuries or damages.

In consideration of my child’s participating in and the use of the Lake Champion facilities and travel to and from the weekend activities, I hereby release and covenant not to sue the Church, Lake Champion, or the Metropolitan District of the C&MA; the owners, shareholders, directors, officers, employees, volunteers, representatives, agents, and lessees from any all claims resulting from any physical injury that may occur to my child while participating in any program or event of the afore mentioned groups.

I have read and fully understand the above Release/Waiver and fully understand that I have given up substantial rights by signing this waiver voluntarily.

Signature of Guardian and Date

Insurance Policy & Group #
