

**Annual Kids & Youth Retreat
Arabic Evangelical Church**

Registration Form

Participant Information

Student Name		Age		D.O.B.	
Address					
City		State		Zip Code	
Grade Completed		Gender		T-Shirt Size	S M L
Name of Church Group	Email Address:				

Parent/Guardian Information

	Mother	Father
Parent/Guardian Name		
Daytime Phone Number		
Cell Phone Number		

Emergency Information

Emergency Contact (Other than Parents)	
Relationship to participant	
Daytime Phone Number	
Evening Phone Number	
Cell Phone Number	

Please share with us any information about your Child's health, walk with God, or personal information that you feel necessary and important for us to know. Our goal is to make a difference in every Child's life by providing a positive building experience for them.
ALL INFORMATION REMAINS CONFIDENTIAL.

Medical Consent Form

Student Name		Age		D.O.B.	
Do you carry family medical / Hospital insurance?		YES	_____	NO	_____

1. Insurance Information

Insurance Carrier and Policy Number	
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Please provide a copy of your medical insurance card with this form

2. Responsible Party Information

Name of Responsible Party					
Address					
City		State		Zip Code	
Phone Number					
Relationship to Participant					

3. Physician Information

Name of Family Physician					
Address					
City		State		Zip Code	
Phone Number					

4. Medical History

Date of Last Tetanus Shot		Are all Immunizations up to date?	
List of all Medication required during retreat			
List of all Medical Conditions			
List of all Allergies			

****Please attach a copy of your child's immunizations card.

By signing this form I give my informed consent to the First Aid personnel assigned by the Arabic Evangelical Church of Temple City who are certified in a minimum of CPR and First Aid to provide basic aid and comfort measures through standardized treatment procedures which include over-the-counter medications for treatment of minor problems including but not limited to wounds and cuts, fever, cough, throat pain, stomach ache, diarrhea and/or nausea. I allow my child to participate in the retreat's activities which include running, swimming and group games. I understand that my child's participation in these activities can expose him/her to dangers from known and unanticipated risks.

Acknowledging that such risk exists, I on behalf of myself, my child and any other party who may have the right to assert any rights on behalf of my child, do hereby forever release and discharge the Arabic Evangelical Church of Temple City, Pilgrim's Pines Conference Center and any other person associated with this retreat from any claim, causes of action, suits, demands, losses, damages, expenses, costs or liability arising from or in connection with my child's participation in this retreat.

I have read and understood the entire form and by signing below, I agree to the terms herein.

Parents Name: _____ Parents Signature: _____ Date: _____