

CONSENT FORM
St. John's United Methodist Church - Youth Program

What: Retreat to Mid-Winter Advance

When: 2/19-2/21/2016

Meet in St. John's back parking lot at 6:00 pm Friday

Arrive back to St. John's at 1:00 pm Sunday

Where: Keswick Retreat Center (www.americaskeswick.org)

Cost: \$135 (to make an online payment just use this link: <https://www.easytithe.com/f/?k=N6GHG9S9W7I8SPKN>)

What to Bring: See the attached Mid Winter Advance Form that contains the, what to bring and what not to bring list.

Deadline: Please turn in this slip, the Mid Winter Advance Reg. form, along with the \$35 deposit by 12/9/2015 into the "Mid-Winter Advance Forms and Payment" slot. Deposits made after our initial registration is sent in, will need to pay \$5 extra in order to cover the additional fee that the retreat center charges us after the deposit date. The balance of the trip cost is due on 2/3/16.

Name _____ **Age** _____ **Birthdate** _____

Address _____ **City** _____ **State** _____

Zip _____ **Phone #** _____

Parent(s) Business/Cell Phones _____

Parent(s) Email Address _____

To St. John's Youth Program:

The undersigned does give permission for our (my) child, _____, to attend and participate in activities sponsored by St. John's United Methodist Church on 2/19-2/21. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned will be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. We recognize that this event will include physical activities that despite the best precautions, accidents may happen. We agree that in the event of such an accident, regardless of its location, we will hold harmless and free of liability: St. John's UMC, St. John's Youth Leaders, both individually and as a group, as well as their assigned staff.

Emergency Phone # _____

Participant signature and date _____

Father/legal guardian signature and date _____

Mother/legal guardian signature and date _____

Midwinter Advance 2016 Youth Registration and Permission Slip

WEEKEND REGULATIONS

- ✦ Absolutely NO smoking, drinking, or using drugs
- ✦ Appropriate casual attire for the weekend. No pajamas can be worn outside of the sleeping area.
- ✦ Please leave cell phones turned off during all programs, seminars, devotions, and discussion sessions.
- ✦ Stay on camp property.
- ✦ Swimsuits must be modest: no two-piece swimsuits or cutoffs.

✦ IN CASE OF DISCIPLINARY ACTION, PARENTS MAY BE EXPECTED TO COME TO KESWICK TO PICK UP THEIR YOUTH.

✦ Failure to provide a registration form will result in participant being turned away.

WHAT TO BRING

- ✦ Bible (modern translation preferred)
- ✦ Notebook and pen or pencil
- ✦ Towel, soap, toothpaste/brush, etc.
- ✦ Modest swimsuit and extra towel
- ✦ Bedding is supplied

Please detach form on dotted line; retain weekend regulations for your benefit.

REGISTRATION FORM AND PERMISSION SLIP

REGISTRATION FORM AND PERMISSION SLIP		
Church:	Mid-Winter Advance #	
Name:	Phone:	
Address:		
City:	State:	Zip:
Grade: 6 7 8 9 10 11 12	College: Fr So Jr Sr	Age: Gender:
Email Address:		
HEALTH INFORMATION		
Allergies: (Food, drugs, bites, etc.)		
Dietary Restrictions:		
Are you on medication during this weekend? YES NO		
If YES, name drug(s) and time(s) to be take:		
Approximate date of last tetanus shot:	or tetanus booster:	
PARENT INFORMATION		
<p>I have completed the above information, read the regulations for the weekend, and reviewed them with my youth. I understand I may be asked to transport my youth home from Mid-Winter Advance in case of disciplinary action.</p> <p>Further, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.</p>		
Parent's signature:	Date:	
Student's signature:	Date:	