

**Presbytery of the Peaks Confirmation Retreat
Registration and Covenant**

March 29-30, 2019

Please fill in everything and print or type clearly!

Participant's Name (as to appear on nametag) _____

Home Address _____ Phone # _____

City, State, Zip _____ e-mail _____

Gender:(please circle one) Female Male Grade: (please fill in blank) _____ or Adult

YOUTH: An adult is asked to complete this for or with the youth.

1st Parent or Guardian's Name _____

Best Email: _____ Best Phone: () _____

2nd Parent or Guardian's Phone Name _____

Best Email: _____ Best Phone: () _____

ADULTS: Adults in Attendance are asked to share this information.

Adult Participant email & cell #: _____ () _____

Emergency contact name & cell#: _____ () _____

Are there any medical (physical or mental) needs that we need to be aware of (allergies, medications, etc.)?

Are there any special dietary requests? (Please use back of this form if you need more space)

Health Insurance Carrier (or "none" if uninsured) _____

Insurance Policy Number _____ Policy Member's Name _____

Church (name, city and state) _____

As a participant, I agree to the following covenant: I have willingly chosen to participate in the Presbytery of the Peaks Confirmation Retreat. As a participant, I will work towards the goals of this event and the building of our group into a Christian community by:

- participating wholeheartedly and enthusiastically in all activities planned for my group
- speaking up when I have a problem or need
- listening and responding to the needs of others
- following the guidance of all adult leadership
- respecting the rights and property of others, and abiding by the rules of the Camp
- not using or promoting the use of controlled substances (alcohol, drugs, tobacco, flammables)
- not leaving the event grounds without my adult leader present
- encouraging others and striving to live as a supportive member of the group, and as a good example to those with whom I am in contact.

I understand that abiding in this covenant will result in a positive group experience. I understand that failure to abide by these guidelines may result in being sent home at my parent's/guardian's expense.

As the parent/guardian of this participant, in signing this Registration Form, I agree to the following:

- I give permission for my son/daughter to participate in the POP Confirmation Retreat
- I am aware of and approve of the planned costs, dates, places, and activities of this event.
- I understand the degree of risk (if any) involved in this event and because I trust the adult leadership and my child, I hereby release Presbytery of the Peaks and Camp Bethel, and any of the adult leadership at the Confirmation Retreat, from any liability for any injury or problem occurring during participation in this event.
- I give permission for the use of photography including my child to be used for the Confirmation Retreat publicity.
- **I have completed all of the Registration Form** and it is correct to the best of my knowledge.

I understand that all reasonable attempts will be made to contact me in the case of an accident involving my son or daughter. In the event that I cannot be reached, I hereby give permission to the physician selected by my youth's adult advisor, or the Retreat leadership, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my son or daughter.

Participant's Signature (Youth and Adults)

Parent's/Guardian's Signature (not required for Adult Advisors)