

Basic Medical Information

Allergies (Circle) Aspirin Bee Stings Mildew/Mold
 Penicillin Seasonal Allergies Sulfa Type Drugs

Food Allergies _____

Other Allergies _____

Health History (Circle) ADD/ADHD Asthma Bed Wetting
 Chicken Pox Chronic Health Issues Constipation
 Diabetes Ear Infection Epilepsy
 Fainting HIV/AIDS Major Surgery
 Measles Serious Injury Sinus Infection
 Sleep Walking Stomach Upsets Sore Throat

Please list any other conditions, health history details of circled items above, and any special concerns/medical needs.

Please list current medications with dosages, including any over-the-counter medications. All medications must be sent to camp in their original containers; to be turned over to a designated adult sponsor at registration. The designated adult sponsor will distribute medication as specified here.

Medication: _____ Dose & Time: _____
Medication: _____ Dose & Time: _____
Medication: _____ Dose & Time: _____
Medication: _____ Dose & Time: _____

Signatures

COMPLETED **YOUTH** REGISTRATION REQUIRES ALL THREE SIGNATURES

Church Pastor Acknowledgement

I acknowledge that a youth from my congregation will attend Winter Retreat and that if my congregation is sending more than two youth, I will be responsible for sending 1 adult sponsor for 6 youth. For 2017, the registration cost of the sponsors is being covered by a gift from the Zephyr Heritage Fund. Please be aware that since the funding for volunteers is being gifted, the Region will need to limit the number of sponsors to be in line with our 1:6 ratio (sponsor to camper).

Therefore, some sponsors may be put on a waitlist or asked not to attend. We thank them in advance for their willingness to support our youth and for their understanding. All adult sponsors must have a Counselor Application on file with the Regional Office before the February 16, 2018. Please contact the Regional Office if you have questions.

Pastor Signature _____ Date _____

Youth Covenant

I agree to participate fully in this event and cooperate with all event leaders. I will not bring electronic games, devices used to watch shows/movies, tobacco, marijuana, alcohol, illegal drug/drug paraphernalia, fireworks, knives, firearms, other weapons, or anything intended to cause harm to myself or others. Cell phones are allowed as cameras and during "cabin time" only. I acknowledge that if I break this covenant, or do anything to harm myself or others on the event site, I will be sent home at the expense of my parent(s)/guardian(s).

Youth Signature _____ Date _____

Parent/Guardian Covenant

I consent for my child to attend Winter Retreat. I have read the Youth Covenant and acknowledge that I will be personally responsible for picking up my child if they violate any part of the covenant. I understand photographs will be taken at the event and consent for their use in promotional materials. During travel to and from the event and during its duration, I consent for adult sponsors to provide basic first aid and to authorize emergency medical care or surgical treatment for my child (if under 18) in the event I cannot be reached immediately for my permission.

Parent/Guardian Signature _____ Date _____

All participants' completed registration form and fees must be received by Friday, January 25, 2019.

Make checks payable to NWRCC.

Send completed forms and payment by mail to:
Northwest Region of the Christian Church (Disciples of Christ)
PO Box 23819, Federal Way, WA 98093