

STUDENT REGISTRATION FORM

February 8-10, 2019



NAME _____ AGE _____ GENDER _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
GRADE 6 7 8 9 10 11 12 HOODIE SIZE _____

Medical Consent Form Must Be Signed. This youth has my permission to attend Faith Church Winter Retreat which includes a day of skiing, snowboarding, and snow tubing at Winterplace Ski Resort, to be under its supervision and discipline, and to receive any emergency medical or surgical treatment necessary. I further release Faith Church of Midway, and its staff (professional or volunteer) of all liability for any claims, demands, injuries, damages, or causes of action rising out of or connected with above mentioned retreat. Further, the above mentioned agents will not be liable for loss of any personal property.

Parent/Guardian (print) _____ (Signature) _____ Date _____
Telephone (Home) _____ (Cell) _____
Insurance Co. _____ Policy# _____ Group _____

Please list any medical diagnosis, medication, dosage, and frequency of dosage: _____

If your student is on any medication, who should administer the meds during the retreat? Student or Adult (please circle)

Please put an "X" on each of the following activities you plan to do:

- ____ All day ski including rental
- ____ All day snowboard including rental
- ____ Snow tubing – tubes provided
- ____ 2 hour add-on tubing if skiing or snowboarding