REGISTRATION FORM
Michigan Conference of Congregational Christian Churches

____ Senior High Retreat

***Postmarked deadline:*** *January 15, 2011*
***Retreat cost $35 ($45 if late)***

Retreat Location:
First Congregational Church
126 E. Cass Street; PO Box 336
Greenville, MI 48838

Retreat Dates: *January 27, 28, & 29, 2012*

*****Important*** Make check out to MICHIGAN PF**

**Send check (made out to Michigan PF), this form and all other forms to:**
**Garth Rouble, 3265 Old Hickory Trail, Dewitt, MI 48820**
Also please email Michelle michsimino@aol.com, with the numbers so we can plan accordingly

Please print CLEARLY
Name _____ e-mail address _____
Mailing Street Address _____
City _____Zip Code _____ Phone (____)____-_____
Age _____ Grade _____Male ___ Female____

**Counselor? Y or N - if Yes…**
**Counselor complies with Home Church Child-Abuse Policy – initial here** _____
Church name and city_____
**Name of counselor or advisor with you on this trip**_____
Youth Advisor or Minister's
Signature:_____

MEDICAL INFORMATION
**Name of Insurance Company** _____
**Does the young person carry card on their person? ____yes ____no**
**If "no", please attach photocopy of card to this registration form**.
**Contract numbers which appear on the health card**: _____
**Name and phone number of Youth's Physician**: _____
_____
**Name of Person Who Carries the Coverage**: _____
**Please list any allergies (food, medicines, etc.):** _____
**Please list any medications currently being taken:** _____
**Authorization to dispense Tylenol or Ibprophren for minor pains: Yes___ No____ (If yes, circle preference)**

Publicity Release:
By signing this registration form the undersigned agrees to allow the possible use of photographs and/or verbal quotes of the attendee for published promotional materials including but not limited to direct mailings, advertising flyers and internet web site information.

In case of emergency, an authorized member of the Michigan Youth Commission may seek treatment. I understand that every effort will be made to contact Parent/Guardian. If I cannot be reached, I hereby authorize a member of the State Youth Commission (as an agent for me) to seek and consent to the appropriate medical treatment for my child.

_____ _____ _____
**Parent/Guardian Signature** **Date** **Emergency Phone Number**

*****Important!*** Attach signed rules sheet**
ABSENCE OF ANY SIGNATURE VOIDS THIS REGISTRATION FORM.