

REGISTRATION FORM (Web site download)
Michigan Conference of Congregational Christian Churches

_____ Senior High Retreat

Postmark deadline is January 16th!
**Spring retreat is \$35 if in on time (\$50 if submitted
after postmark date and there is still room to
accommodate youth)**

Retreat Location:

Retreat Dates: January 25th through 27th.

Trinity Congregational Church
2725 Four Mile Rd.NW
Grand Rapids, MI 49544

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

**Send check (made out to Michigan PF), rules sheet, and this form to:
Michelle Simino, 8310 Brookwood Dr. Portage, MI 49024**

Please print CLEARLY

Name _____ e-mail address _____

Mailing Street Address _____

City _____ Zip Code _____ Phone (____) _____ - _____

Birth Date _____ 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 Ibuprofen 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

*****Also Important!*** Include signed rules sheet for all senior high (separate form from web site)**

ABSENCE OF ANY SIGNATURE VOIDS THIS REGISTRATION FORM.