

Sr. High, Spring Break Retreat 2012

Mustang Island Conference Center; Mustang Island, TX

PLEASE **COMPLETE** THIS FORM AND RETURN WITH DEPOSIT BY **FEBRUARY 14th**.

\$25 Deposit required to hold spot. \$30 balance due on or before March 6th

PARTICIPANT INFORMATION

First Name: _____
Home Phone: _____
Email: _____
Address: _____
CITY _____ ZIP _____

Last Name: _____
Cell Phone: _____
[] Male [] Female
Date of Birth: _____

REQUIRED PARTICIPANT MEDICAL INFORMATION

Allergies/Reaction/Treatment: _____

Medical Conditions/Medicines Currently Taking: _____

(NOTE: Prescribed Medicines **must** be in original pharmacy container with correct name, date, instructions, and physician's name on label)

HEALTH CARE PROVIDER NAME

POLICY NUMBER

GROUP NUMBER

IMPORTANT: PLEASE PROVIDE A COPY OF INSURANCE CARD (FRONT/BACK) AND ATTACH

PARENT/EMERGENCY CONTACT INFORMATION

Parent/Guardian Name 1: _____
FIRST _____

LAST _____

Parent/Guardian Name 2: _____
FIRST _____

LAST _____

Home Phone: _____

Cell Phone: _____

Home Phone 2: _____

Cell Phone 2: _____

Email: _____

Email 2: _____

We at St. Mark's want to inform you of our safety precautions at all of our functions. Your child will be required by our staff to use the appropriate safety equipment for all activities. Even with safety equipment and our competent staff present, we at St. Mark's want you to realize that any outdoor and recreational activity has inherent dangers that no amount of care, caution, instruction or expertise can totally eliminate.

IT IS IMPORTANT THAT THIS FORM BE FILLED OUT, SIGNED AND DATED BY THE PARENT OR GUARDIAN AND RETURNED TO YOUR SPONSOR. YOUR CHILD **WILL NOT** BE PERMITTED TO ATTEND UNLESS WE HAVE RECEIVED ALL FORMS.

[] In signing this document, I hereby certify that I give permission for my son or daughter to participate in the program offered by St. Mark's Episcopal Church, Youth Ministries.

[] I understand that pictures and videos are taken. I hereby give permission for the use of such pictures and videos of my child for the promotion of St. Mark's Youth Ministries and St. Mark's Episcopal Church.

[] I hereby give permission to St. Mark's Episcopal Church to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the appointed sponsor to secure and administer treatment, including hospitalization, for the person named below. This completed form may be photocopied for trips off site.

[] I hereby give permission for my child's belongings to be searched, with my child present, when the appointed staff/sponsor deems it necessary to protect the health, well-being, or safety of my child or others.

[] I understand that the terms herein are contractual and not a mere recital.

[] I have signed this document as my own free act and in consideration of the agreement by St. Mark's Episcopal Church and St. Mark's Youth Ministries to accept my child for the program chosen.

[] I HEREBY AGREE BY EXECUTION OF THIS DOCUMENT TO RELEASE ST. MARK'S EPISCOPAL CHURCH AND ST. MARK'S YOUTH MINISTRIES, THE STAFF, THE VESTRY, AND ALL OTHERS ACTING FOR OR ON BEHALF OF ST. MARK'S EPISCOPAL CHURCH AND ST. MARK'S YOUTH MINISTRIES FROM ALL LIABILITY WHATSOEVER, FOR PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF ACTIVITIES SPONSORED BY ST. MARK'S EPISCOPAL CHURCH AND OR ST. MARK'S YOUTH MINISTRIES.

Child's Name (PRINT) _____

Event: **2012 Spring Break Retreat**

Parent/Guardian (SIGNATURE) _____

Date: _____