

REGISTRATION FORM
LAURELVIEW RETREAT
OCTOBER 19-21, 2018

FORM REQUIRED for EACH PARTICIPANT

Sorry no one under age 16 can attend without a parent or adult

NAME _____

ADDRESS _____

PHONE Home _____ Cell _____
 Email _____

AGE ___ Child or Youth ___ Adult

Medical Insurance _____ Policy Number _____

Primary Care Physician _____ Phone Number _____

Medical Allergies _____

Food allergies or dietary restrictions _____

Physical Restrictions/ Chronic Illness

Medications _____

EMERGENCY CONTACT

Name _____ Relationship _____

Phone Numbers _____

RELEASE

I release the leaders of the Christian Church of Wilksburg and the Christian Church in Pennsylvania from liability for any accident or illness which may occur on this retreat. In case of emergency, the leaders on the retreat have my permission to act on my behalf to obtain emergency treatment for me (or my youth) at a local hospital or physician's office.

Signature _____ Date _____

If you are a youth under 18, please have parent/ guardian sign here

Signature: _____ Date _____