Middle School Way of Love Retreat Registration

St. Dunstan's Episcopal Church, March 1 - 3, 2019

To return, photograph completed form and email image to office@stdunstans.com, or mail completed form to St. Dunstan's Episcopal Church, 6205 University Ave., Madison, WI, 53705.
We invite a $20 donation per attendee to help with food & materials expenses.

Participant's Name _____ ☐ Adult (over 21) ☐ Student

Age _____ Birthdate _____ Gender _____ Preferred Pronoun _____

Address _____ City_____ State _____ Zip _____

Participant's Email _____ Participant's Cell Phone _____

T-Shirt Size S M L XL XXL Church and City _____

Any Dietary Restrictions _____

Any Allergies _____

Any Medications (include over the counter and prescription), times taken, and dosage (meds must be in original container)

_____

_____

Health conditions (mental/physical) we need to be aware of: _____

Any activities participant **cannot** participant in: _____

Change of life circumstances we need to be aware of (death, divorce, other): _____

Date of last tetanus shot _____ Does participant wear ☐ Glasses ☐ Contact Lenses

Insurance Plan Name: _____ Group #: _____ Policy #: _____

Parent/Guardian's Name (or Emergency Contact for Adults): _____

Telephone Number: _____ Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Their City & State: _____ Phone Numbers: _____

I give permission for photos/videos to be taken of my child/myself to be used for any promotional purposes. ☐ Yes ☐ No

As a parent/guardian, I hereby give permission for the designated person to attend St. Dunstan's Episcopal Church Middle School Prayer Retreat, and to participate in all the activities. I give permission for my child to be **transported** as part of the activity and in cases of emergency. I understand that my child must follow the rules set forth. If dismissal because of a disciplinary problem occurs, transportation will be provided by or paid by the person or a parent and any registration fees will not be reimbursed.
The above information is correct and complete as far as I know, and the person herein described has permission to engage in all program activities except as noted. I give permission to St. Dunstan's Episcopal Church to provide routine health care, administer medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to St. Dunstan's Episcopal Church to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician/nurse selected by the program to secure and administer treatment, including hospitalization, for the person named above. This completed form may be copied if necessary. I also agree to bring my child home at my own expense should my child become ill or if deemed necessary by the retreat leaders.
I agree to hold St. Dunstan's Episcopal Church and any associated agencies and persons harmless and waive any claims for payment of accident, injury, disability or damages to the person or property of the aforementioned.

Parent Signature _____ Date _____

Printed name _____

Adult Participant Signature _____ Date _____

Printed name _____