

# **SNEMN Avalanche Winter Retreat**

**January 19-21 2019**

## **Student Permission & Release**

Please complete the information below and send a copy of completed form to SNEMN by January 5<sup>th</sup> to ensure completed registration. Please bring hardcopy with you to retreat.

### ***PERSONAL INFORMATION***

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_/\_\_/\_\_ **Gender: Male** \_\_\_ **Female** \_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Parent's Cell Phone:** \_\_\_\_\_

**Church Name/Location:** \_\_\_\_\_

### ***GUIDELINES***

Please read the following guidelines for the 2019 SNEMN Avalanche Winter Retreat and sign where appropriate.

I, the student participating in 2019 SNEMN Avalanche Winter Retreat, agree to keep all rules as announced by the leadership. I understand there will be no guys in girl's rooms and girls in guy's rooms at any time. I will respect the rights and privacy of all other onsite guests. I will respect all property and service. I will abide by curfew and will be on time at all scheduled events and gatherings.

***Student Signature:*** \_\_\_\_\_

**MEDICAL INFORMATION**

Date of last Tetanus shot \_\_/\_\_/\_\_

List any/all prescription medications that will be brought to Avalanche Winter Retreat:

\_\_\_\_\_

*Note: Any prescription medications brought to Avalanche Winter Retreat must be in their original container with student's name listed. All medications (prescription and over the counter) will be held by one of the leaders at all times. The student will be responsible for asking the leader for his/her medication.*

List any/all present medical conditions: \_\_\_\_\_

List any/all allergies (including medication allergies): \_\_\_\_\_

List any restrictions: \_\_\_\_\_

**OVER THE COUNTER MEDICATIONS:**

I hereby give permission to any of the event leaders to administer any of the following over the counter medications to my child as needed, in the dosage appropriate based on my child's age and size:

- Ibuprofen (Advil, Motrin)  Acetaminophen (Tylenol)  Pepto-Bismol  Anti-Acid (Tums, Rolaids, etc)  Imodium AD  Cough Drops  Benadryl  Basic Wound Care (cleansing with soap & water, antiseptic, apply antibiotic ointment, bandage)

**INSURANCE INFORMATION & EMERGENCY CONTACT**

Physician's Name \_\_\_\_\_ Physician's Ph: (    ) \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Carrier's Name \_\_\_\_\_ Group or Policy # \_\_\_\_\_

\* If you do not have insurance coverage; please list above as "none". \*

In case of emergency please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENTAL CONSENT AND RELEASE AGREEMENT**

***Please read carefully and sign.***

I understand and certify that my child's participation in SNE Ministry Network Avalanche Winter Retreat is completely voluntary, and I have familiarized myself with the program activities and give my permission for my child to participate in this program and activities. I understand that certain hazards and dangers are inherent in the Avalanche Winter Retreat activities and freely assume those risks on behalf of my child. I acknowledge that although SNE Ministry Network has taken safety measures to minimize the risk of injury to program participants, SNE Ministry Network does not guarantee that the participants' equipment, premises and or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the safety of the program participants.

I hereby release the Southern New England District of the Assemblies of God, its employees, staff and volunteers from liability for any and all causes of action damages and claim for any personal, bodily, emotional or other injury, illness or death to my child or me during attendance at the SNE Ministry Network Avalanche Winter Retreat.

I give permission for any photographs or videos taken of my child to be used for promotional purposes for the SNE Ministry Network Avalanche Winter Retreat.

This health history noted for my child is correct as far as I know. In an EMERGENCY, I hereby give my permission to the physician or hospital selected by the camp director to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy or surgery for me or my child as named above.

I, have read the above permission and release statements, and understand the terms and implications. I hereby execute permission and release of my own free will and with full knowledge of its significance.

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_