

REGISTRATION FORM

Southern PA District Youth Retreat
"Caretaker of My World"
Led by the Interdistrict Youth Cabinet
from Bridgewater College

Friday March 18, 2022, 7:00 PM – Sunday March 20, 2022, 1:00 PM

Location: Camp Eder
914 Mt Hope Rd, Fairfield, PA

Name of "Home" Church	
Youth Advisor's Name	
Youth Participant's Full Name:	
Youth Participant's Phone Number	
Youth Participant's Email	
Youth Participant's Age	
Parent(s) Name(s)	
Parent(s) Phone Number	
Parent(s) Email	
(Circle One): Adult/Chaperone or Youth Participant	
(Circle One): Female or Male or Other	

HEALTH INFORMATION

Is your student under a physician's care? Yes___ No___ If yes, explain:

Please list any other information about your student's health or physical condition which could affect his/her welfare while participating in this field trip:

MEDICAL INFORMATION

List current Medications and Dosage:

MEDICAL RELEASE

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize The Southern PA District/Camp Eder and its employees/volunteers to secure emergency medical care as needed.

Does your child have medical insurance coverage? Yes_____ No_____

Student accident insurance is available through _____.

Name of preferred doctor: _____ *Phone:* _____

Name of insurance carrier: _____ *Policy#* _____

Although I understand that The Southern PA District/Camp Eder and its employees/volunteers will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury and/or death. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Waiver of Liability: The Southern PA District/Camp Eder and its employees/volunteers will not be held liable nor will be financially responsible for any expenses incurred for any illness and or injuries.

Parent Signature: _____ **Date:** _____

Contact phone numbers: Cell: _____ Work: _____ Home: _____

Emergency Contact: Name: _____ Cell: _____ Home: _____