

OPEN DOOR STUDENT MINISTRIES



FEBRUARY 3-5. MCCALL, ID.

EARLY REGISTRATION: \$45
DEADLINE: JANUARY 25

REGULAR REGISTRATION: \$50
DEADLINE: JANUARY 29

REGISTRATION FORM

Please complete this form and return it along with the registration money to Ryan or Rachael Pugh.

NAME _____

PHONE _____

ADDRESS _____

CITY/STATE _____

EMAIL _____

GRADE _____

AGE _____

PARENT/GUARDIAN _____

PHONE _____

I, _____ give _____ my permission to attend
Parent/Guardian Student
the Open Door Student Ministries Summer Retreat and participate in all activities. I have completed the attached 2011-2012 medical release waiver and returned it to Ryan Pugh.

PARENT/GUARDIAN SIGNATURE _____

Questions? Contact Ryan Pugh at 208.991.8252 or ryan@castlehillsnaz.com

**WE WILL MEET AT THE CHURCH AT 3:00 PM ON FRIDAY, FEBRUARY 3.
WE WILL RETURN AROUND 3:30 PM ON SUNDAY, FEBRUARY 5.
COME READY TO HAVE SOME FUN!**

WHAT TO BRING

- | | |
|---|--|
| <input type="checkbox"/> BIBLE AND JOURNAL | <input type="checkbox"/> TOWEL |
| <input type="checkbox"/> WINTER CLOTHES | <input type="checkbox"/> SWIMSUIT |
| <input type="checkbox"/> SLEEPING BAG AND PILLOW | <input type="checkbox"/> SUNSCREEN |
| <input type="checkbox"/> TOILETRIES (toothbrush, deodorant, soap, etc.) | <input type="checkbox"/> WATER BOTTLE |
| <input type="checkbox"/> SNOW GLOVES, HAT, BOOTS | <input type="checkbox"/> SNACKS AND MONEY (optional) |

OPEN DOOR STUDENT MINISTRIES

2011-2012 YOUTH ACTIVITY CONSENT Medical Consent and Liability Release Form Effective Dates: June 1, 2011 to May 31, 2012

CASTLE HILLS CHURCH OF THE NAZARENE 5707 Castle Dr. Boise, ID 83703
Sponsor Coordinator - Ryan Pugh, Youth Pastor

NOTE: Your privacy is important to us. The purpose of this document is to obtain knowledge to better ensure the safety of your child/student.

Child/Student Name _____ Age _____ Birth (mm/dd/yy) _____

Year in School _____ School _____ Email _____

Address _____ City/State _____ Zip _____

Mother's Name _____ Phone: Home _____ Cell _____

Father's Name _____ Phone: Home _____ Cell _____

EMERGENCY CONTACT

Name _____

Phone: Home _____ Cell _____

Phone: Work _____

Relationship: _____

ALTERNATE CONTACT

Name _____

Phone: Home _____ Cell _____

Phone: Work _____

Relationship: _____

HEALTH HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, prosperity, weakness, limitation, handicap, disability, or condition to which your child/student is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Please submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken and times at which these dosages are to be taken.

1. Should this child's/student's activities be restricted for any reason? Yes No

2. Are there any other conditions or factors relating to the child/student that the youth ministry staff should be aware of? Yes No If Yes, explain: _____

3. Is sponsor authorized to approve medical treatment? Yes No

4. Is child/student covered by personal/family medical insurance? Yes No

Physician Name _____ Phone _____

Insurance Company _____ Group Number _____ ID# _____

5. Is this child/student currently taking any medications? (If YES, please attach info) Yes No

