

# 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](mailto: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

