

THE NEXT LEVEL

nwd fall youth retreat // REGISTRATION FORM

Student's Name _____ Boy ____ Girl ____

Address _____ City _____ State ____ Zip _____

Phone _____ Age _____ Birth date _____ Grade _____

Church & Youth Group Name _____

Email _____

Please indicate if your child suffers from the following: *(If explanation is needed for any checked boxes or you need to notate a condition not listed below, please use the back of this form)*

____ Frequent ear infections

____ Hypertension

____ Asthma

____ Hay fever

____ Diabetes

____ Ivy Poisoning

____ Convulsion

____ Epilepsy

____ Insect Reactions

____ Bleeding / Clotting disorders

____ ADHD

____ Physical Disabilities

Allergies _____

Current Medications (with instructions) _____

Reason for medication _____

Any restrictions that we should know about your child? _____

IN CASE OF EMERGENCY / RELEASE FORM:

I _____ being the parent or legal guardian of _____
born ____ / ____ / ____ hereby voluntarily agree to release, waive, discharge, defend and indemnify NWD Youth Ministries and its staff from any and all claims, actions, or losses for bodily injury, property damage, expenses, any lost or stolen goods, wrongful death, or loss of services which may arise out of my child's participation in the activities revolving around the Next Level Youth Retreat. I hereby give permission for the staff to obtain the services of a licensed physician for my child in the event of an emergency where medical treatment is required. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. Please attempt to notify me immediately concerning any such emergency. *I understand that my child is under the direct supervision and care of the leadership from the church that they are attending the Next Level Youth Retreat with and I understand that it is my obligation to inform the leadership of that church of any health considerations or medical conditions that would restrict my child's participation in any and all activities while at the Next Level Youth Retreat.* I warrant that I possess all of the right, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Parent / Legal Guardian _____ Date _____

Insurance Company _____

Group # _____ ID # _____

Emergency Contact _____ Phone Number _____