# **The Federated Church**

# Senior High Winter Retreat: \$30/Student, \$10 additional student in same family January 14-16, 2022

### Please print in ink

Name: _		<del></del>	Age	Birthdate	_
	LAST FIRST	MIDDLE			
Entering	grade	Email			
Address		City		State	Zip
Home P	hone	Cell Phone			
Medical	insurance company	Policy #			
Mother's	s name		Work Phone _		
Father's	name		Work Phone _		
Emerger	ncy contact		Phone: Home	Work	
PhysicianOffice p		Office phone			
DentistOffice p		Office phone			
dosages	on is required on account thereof. So that must be taken.  the following areas of concern for the Known allergies:		_		de names of medications and
2.	Does your student suffer from, or  asthma	las ever experienced, o	_	currently for any of the formula heart trouble	ollowing:
	☐ frequently upset stomach	☐ physical handicap		diabetes	
3.	Date of last tetanus shot:				
4.	Please list and explain any major il	llnesses your student ex	perienced during	the last year.	
5.	Should the student's activities be re	estricted for any reason	? Please explain.		
6.	Is there anything else we should kr	now about your student	? Please explain.		

# **Student Affirmation**

#### We expect each student to conform to these rules of conduct:

- o I will not be in possession or us alcohol, drugs, or tobacco
- o I will not drive a vehicle unless I am a designated chaperone/driver
- o I will not fight, or transport/use weapons, fireworks, lighters, or explosives
- o I will not wear offensive or immodest clothing
- o I understand that there will be no boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- o I understand that full participation with group activities is expected
- I will respect property
- o I will respect one another, staff, and adult leaders
- o I will respect and comply with event schedules

## Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature:	Date:				
Parent/Guardian Affirmation					
Name of Student	has my permission to attend the Senior High School Retreat sponsored by the Federated Church (hereinafter the "Church").				
	mission to seek whatever medical attention is deemed necessary, and releases the Church and its personal losses of named child.				
I/We the undersigned have attend events being organize	legal custody of the student named above, a minor, and have given our consent for him/her to ed by the Church.				
employees, agents, and volu	e are inherent risks involved in any trip, and I/we hereby release the Church, its pastors, inteer workers from any and all liability for any injury, loss, or damage to person or property that e of my/our child's involvement. In the event that he/she is injured and requires the attention of a				
	able medical treatment as deemed necessary by a licensed physician. In the event treatment is nd/or hospital personnel designated by the Church,				
I/we agree to hold such per such consent.	rson free and harmless of any claims, demands, or suits for damages arising from the giving of				
_	we will be ultimately responsible for the cost of any medical care should the cost of that medica he health insurance provider.				
	insurance information provided above is accurate at this date and will, to the best of my/our or the student named above.				
I/we also agree to bring my student ministries staff men	vour child home at my/our own expense should they become ill or if deemed necessary by the object.				
Parent/guardian signature	e: Date:				
*Please submit copies of you	ur insurance cards (front and back) and registration fee with this permission form. Thank you!				

The Federated Church, 224 N. Union Avenue, Fergus Falls, MN 56537 (218) 739-3227