



COST: \$99/FAMILY
REGISTRATION DUE SEPT. 29, 2019

Fall Retreat

OCTOBER 11-13
CASTAWAY CLUB, MN

STUDENT INFORMATION

Full Name: _____

Grade: 7 8 9 10 11 12

T-Shirt Size: S M L XL XXL

BETHEL STUDENT HEALTH INFORMATION

WELLNESS POLICY

All students should be free of the following symptoms for at least 24 hours prior to the start of the event: fever of 100 degrees or more, vomiting, diarrhea, contagious skin infection, or lice. Students with these symptoms will need to return home. In the event of injury or illness, parents will be notified and are expected to come and pick up their student at their expense.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Does this student have medical allergies? Yes / No If "yes" please describe: _____

Please circle and explain all that apply: Asthma, Fainting/convulsions, Diabetes, Severe reaction to bee stings, Heart Trouble, Asperger's/Autism, ADD/ADHD, Migrane Headaches, Other Health Concern

Please explain: _____

Any current condition requiring medication? Yes / No Medication/Instructions/Dosage: _____

Any food allergies? Yes / No Instructions: _____

Any "over-the-counter" medications that Bethel Church MAY NOT give this student? (OTC meds that could be given include: dramamine, aspirin, tylenol, etc) Please list: _____

Date of last Tetanus shot: _____

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge. I hereby grant permission for my child to receive first aid and emergency treatment as deemed necessary by Bethel Leaders, both paid and volunteer. I voluntarily waive any claim against Bethel Evangelical Free Church, Bethel staff, or Bethel volunteers caring for or transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with the activities of the "Castaway Fall Retreat" and Bethel Church. I agree to notify Bethel Church of any changes prior to the start of "Castaway". I give permission for Bethel Evangelical Free Church to use any photo, video, or interview of my family taken at "Castaway" to be used to illustrate, report, promote, or advertise the ministry of Bethel Church. I agree and understand that my payment is non-refundable.

Parent/Guardian Signature: _____ Date: _____

CONTINUED ON THE BACK →



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Name _____
Last First Middle Initial

Birthdate _____ Age _____ Sex _____

Spouse/First Emergency Contact _____
Last First Middle Initial

Home Address _____
Street and Number City State/Province Zip/Postal

Business Address _____
Street and Number City State/Province Zip/Postal

Phone Home _____ Business _____ Cell _____

Second Emergency Contact _____
Last First Middle Initial

Home _____
Street and Number City State/Province Zip/Postal

Business Address _____
Street and Number City State/Province Zip/Postal

Phone Home _____ Business _____ Cell _____

Any allergies or other medical needs? _____

Name of Physician _____ Phone _____
Last First

Address _____
Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months

Medical Insurance Company _____ Policy # _____ Phone _____

Address _____ Website _____
Street and Number City State/Province Zip/Postal

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person.

To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1950.

I verify that I am or my child is in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health.

In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment and/or medical transportation that is provided to me or my child while attending a Young Life camp will be paid for by my medical insurance company.

Canada: Malibu Club/Beyond Malibu: I agree that any complaint, demand, dispute, claim involving bodily injury including death and/or personal injury or cause of action arising out of or in any way related to Young Life's Malibu Club or Beyond Malibu, including any activity, event, medical treatment, and/or transportation will be governed by the laws and jurisdiction of the Canadian Province where the event or incident occurred.

WAIVER AND RELEASE

If I am under the age of 18, or under the age of 19 if attending Malibu Club or Beyond Malibu, my parent or guardian, by signing below, also consent to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Young Life harmless from any claim asserted by me against Young Life, including its trustees, employees and agents, if I should repudiate this release after obtaining adulthood.

Signature _____ Date _____

Name of Your Group/Church **BETHEL STUDENT MINISTRIES** Dates of Event **OCT. 11-13, 2019**