

# CHURCH RELEASE FORM

## PARENTS AUTHORIZATION FOR MEDICAL AND SURGICAL CARE

This student is in good health and not suffering from any illness that would prevent him/her from participation in normal activity. I hereby authorize retreat leader to call an authorized doctor to administer medical aid and treatment at any time when they believe an emergency exists.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Plan: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

## STUDENT COMMITMENT

I agree to have a good attitude, be respectful of all leaders, and to follow all rules laid out at the retreat. I understand that failure to abide by these guidelines may result in the loss of privileges or removal from the retreat.

Student signature: \_\_\_\_\_

## BASIC INFORMATION

Kalahari Retreat '17  
Registration/Medical Form

CHURCH NAME: \_\_\_\_\_

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

Gender:  M  F Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Adult T – Shirt size: \_\_\_\_\_

People I would like to room with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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