

PRIORITY RETREAT REGISTRATION FORM

May 26-27, 2011
Colonial Heights Baptist Church

Child's Name _____ Age _____ Date of Birth _____

School _____ Grade just completed _____

Parents _____ Email _____

Address _____ City _____ Zip _____

Phone numbers _____

Has child accepted Jesus as his/her personal Savior? _____ When? _____

Has this decision been made public? _____

Allergies _____

Physical limitations

What does your child take for headaches? _____ Stomach aches?

Medical needs

Medical insurance carrier and policy number

Will your child need medicine while on retreat?

(You will be asked to complete separate form for any medication sent. All medications should be clearly labeled and turned in at the time of retreat.)

We will be swimming on the final evening of retreat. Please describe your child's swimming ability. _____

Is there anything we need to know that would help us best meet the needs of your Child?

I, _____, give my child, _____, permission to ride transportation provided by Colonial Heights Baptist Church (The Church), and/or its representatives to and from The Church's activities, and to attend and participate in The Church's activities.

I give The Church permission to seek emergency medical care for my child should it become necessary and I am

unable to be reached. Further, I release The Church and/or its representatives from any and all liability and agree to hold The Church harmless from any and all liability associated with my child's participation in church transportation, church activities, or emergency medical care.

I do hereby attest to the above statements with my signature on this _____ day of _____, 2011.

_____ (Signature of Parent or Guardian)