

CONFERENCE OF RESTORATION ELDERS YOUTH COUNCIL
Sr. High Canoe Trip Registration Form

Camper name _____ Gender (Circle one) M F
Grade _____ Age _____ Birthdate _____

Camper e-mail address (if applicable)

FAMILY INFORMATION

Parent names _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Other phone _____

ADDITIONAL EMERGENCY CONTACTS

Name _____ Home phone _____ Relationship to camper _____

Name _____ Home phone _____ Relationship to camper _____

MEDICAL INFORMATION:

Current medical condition(s) of which the camp nurse needs to be aware

Current medications _____ Reason for prescription _____ Dosage/Times _____

Current medications _____ Reason for prescription _____ Dosage/Times _____

Current medications _____ Reason for prescription _____ Dosage/Times _____

All medication must be sent in original labeled prescription bottles. The nurse cannot legally dispense the medication otherwise.

Check any of the following which apply:

___ allergies to _____

___ asthma ___ diabetes ___ epilepsy/nervous disorder ___ hay fever ___ heart condition ___ stomach disorder

___ insect stings/bites reaction

___ other(specify) _____

Has the camper had any major illnesses in the last year?

Are there any swimming, activity, or other physical restrictions on the camper?

Date of last tetanus shot

Insurance carrier _____ Policy # _____ Group # _____

In whose name is the insurance carried?

Doctor's name _____ Phone # _____

Please note required signatures needed on second side

PARENTAL PERMISSION/MEDICAL RELEASE

I hereby approve my child's participation at this retreat and give permission to the Camp Administration to make decisions related to the physical well-being of my child. In case of medical emergency, I hereby give permission to the physician and/or hospital selected by the Camp Administration to secure proper treatment and will assume liability for any resulting expense.

Parent/Guardian Signature

Date

PHOTO RELEASE

In consideration of the right of the applicant to participate in this activity, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes.

Parent/Guardian Signature

Date

CAMPER AGREEMENT: I have read the rules below and agree to abide by them.

Camper Signature

Date

Canoe Trip Ruletrips

*Rules are for the safety both physically and spiritually of the retreat.
They are for your protection and to assist in bringing unity to the group.*

1. Only those willing to abide by these rules should plan to attend the canoe trip.
2. All campers are to take part in all trip activities, including classes, cleanup, KP, worship, etc.
3. Boys are not allowed to go into the girl's tents; girls are not allowed to go into the boy's tents.
4. There should be no public displays of affection (know as PDA's) such as kissing, or inappropriate contact as determined by staff members. Boys and girls are not to go off alone together.
5. All clothing should be modest and not offensive to the Lord and those that seek to follow Him. Tee shirt designs should promote a positive and Godly message and not be ones promoting drug culture, liquor logos or rock groups. Girls clothing should not include halter-tops or any tops that expose the midriff. Girls must wear one-piece swimsuits. **NO BIKINIS.**
6. No tobacco, alcohol, illegal drugs, fireworks or knives are to be brought to the retreat.

**Return completed form with \$40 registration fee to:
Scott Eastin, 2404 Whispering Creek Ct, Blue Springs, MO 64015
Make checks payable to “Youth Council”**

Canoe trip deadline - Friday, May 27th

See flyer for additional information