Family Surname: _____

HRBY

HRBY Gull Lake Retreat Registration

November 18-20, 2022 at Gull Lake Centre

Dates: November 18-20 **Cost:** $140/student (payment details below)

Time of Departure: 430pm from the church **Arrival Home:** 330pm at the church

Activities: Indoor (gym) and outdoor activities, wide games, worship times, and hang out time

Items to Pack: Weather appropriate clothing, gym shoes, sleeping gear, pillow, toiletries, towel, Bible, pen, notepad, whatever else you feel essential to a weekend at camp.

Family Info

Family Surname: _____ Street Address, Town, Postal Code: _____

Student Info

Student #1

First Name:_____ Last Name:_____ Birthday (MM/DD/YYYY):_____
Age:_____ Gender (M/F):_____ Alberta Health Care Number: _____

Medical conditions (allergies, health issues, medication):_____

Student #2

First Name:_____ Last Name:_____ Birthday (MM/DD/YYYY):_____
Age:_____ Gender (M/F):_____ Alberta Health Care Number: _____

Medical conditions (allergies, health issues, medication):_____

Student #3

First Name:_____ Last Name:_____ Birthday (MM/DD/YYYY):_____
Age:_____ Gender (M/F):_____ Alberta Health Care Number: _____

Medical conditions (allergies, health issues, medication):_____

If your student(s) is bringing medications, are they self-administered (Y/N)?: _____

***If no, please provide instructions for administering meds. Note each student's name, medication and the administration of each: _____**

_____

_____

***Please be aware that High River Baptist Church and its workers will administer your child's medication per your instructions only. If medication needs exceed the level of expertise available, you must make other arrangements for the administration of the medication.**

☐ Yes, I have read and understood this notice.

Family Surname: _____

HRBY

Parent/Guardian/Emergency Contact Info

Parent/Guardian #1

First Name:_____ **Last Name:**_____ **Phone:**_____

Parent/Guardian #2

First Name:_____ **Last Name:**_____ **Phone:**_____

Emergency Contact

First Name:_____ **Last Name:**_____ **Phone:**_____

Relationship to student:_____

Permissions

I hereby authorize the staff of High River Baptist Church to seek medical attention for my child, should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery, if the attending physician deems necessary. Your child will be cared for as if he/she were our child. Every precaution is taken for the safety and good health of your child, but in the event of sickness, High River Baptist Church, its staff, and its volunteers are hereby released from any liability.

☐ Yes, I agree.

By registering my child(ren), I give permission for their participation in the High River Baptist Church Youth retreat.

☐ Yes, I agree.

Pictures/Video may be taken of activities for purposes of publicity and wrap up festivities. Do you give permission for your child/ren to be included in pictures or videos of the event?

☐ Yes, I grant media permission.

☐ No, I do not give media permission.

Payment

Payment is due upon registration. **Registration deadline is November 11 at 12pm.**

If finances are tight for you right now, please talk to Pastor Jeremy. We'd be happy to help.

- By cash: please provide exact change.
- By cheque: make payable to High River Baptist Church, designated to "Youth Retreat".
- By E-Transfer: treasurer@hrbaptist.ca, Designate "Youth Retreat" on the comment line.

Signature

Parent/Guardian

First Name:_____ **Last Name:**_____

Signature:_____ **Date:**_____