

Ascend Student Ministry

2019 MIDDLE SCHOOL WINTER RETREAT

REGISTRATON FORM

Where? Logan Valley, Ellington, MO

When? Friday, Feb.8-Sunday, Feb. 11

1. Personal Information

Name: _____

Address: _____

Phone: _____

Email: _____

Parent's Name (first and last): _____

Phone: _____

Shirt Size: **XS** **Small** **Medium** **Large** **XL** **XXL**

2. Cost:

Non-refundable \$50 deposit and registration form (w/ optional financial aid form) due Wednesday, November 28th.

Final payment of \$75 is due Sunday, January 6th.

Cash or checks payable to New Community Church may be turned in to Jason Todd.

Financial assistance is available – contact Jason Todd for more information.

3. Return to Jason Todd along with payment, copy of medical card, and Medical Release form.

For more information or questions please contact Jason Todd

636.458.4744 | Jasontodd@ncc-stl.org

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MEDICAL RELEASE FORM

1. Release

I understand that in the event of an emergency during the retreat, every effort will be made to contact me. However, if medical treatment is required and I cannot be reached, I hereby grant permission to the youth staff or retreat staff (e.g. camp nurse) to secure the services of a licensed physician who is allowed to give whatever treatment they deem necessary. I also understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

(parent or legal guardian signature)

(Date)

2. Personal Information

Legal Name of Student: _____

Birthdate: ____ / ____ / ____ Grade: ____ 2 Emergency Phone Numbers: _____

Private physician: _____ Phone number: _____

3. Health History

Date of last Tetanus Shot: _____

Please mark Yes (Y) or No (N) to indicate any current or past health problems in the following areas:

Allergies _____*	Glasses _____	Genitourinary _____
Asthma _____	Contacts _____	Neurological _____
Heart Disease _____	Headaches _____	Muscular _____
Hypertension _____	Psychiatric _____	Circulatory _____
Diabetes _____	Skin _____	Dizziness _____
Blood Problems _____	Skeletal _____	Major Illness _____
Gastrointestinal _____	Respiratory _____	Other _____

Please give details to any items marked Yes (Y): *List all allergies

Please list any medications, what they are for, and any additional relevant medical information:

4. Photocopy front and back of your medical insurance card and attach it to this page.

5. Turn this in to Jason Todd along with copy of medical insurance card, payment, and Registration Form.