

**EVANGELICAL FRIENDS CHURCH, EASTERN REGION  
STUDENT LEADERSHIP RETREAT  
JULY 13-15, 2023**

**PAYMENT INFORMATION**

**Early Registration!** Sign up on or before June 15 for \$25.  
After that, \$45. Registration deadline is July 4.

**Student Information**

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student email address: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Home Church: \_\_\_\_\_

**Parent/Guardian Information**

Mother/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

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

Father/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

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

**Emergency Contact Information**

Emergency Contact #1 (Other than parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency Contact #2 (Other than parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Emergency Medical Information**

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Insured \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, Allergies).

Medical Problem

Required treatment

Should paramedic be called?

\_\_\_\_\_ Yes/No  
\_\_\_\_\_ Yes/No  
\_\_\_\_\_ Yes/No

Is student presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Is student allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Does student have any dietary requirements?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Does student have any room requirements, such as handicap accessible?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment, should an emergency occur.

**Medical and Surgical Waiver**

Also applies to: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

- I am the parent and/or legal guardian of and hereby acknowledge that he/she is under my care, custody, and control.
- In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Evangelical Friends Church Eastern Region Student Leadership Retreat staff, its representatives, volunteers, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstances.
- I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Evangelical Friends Church Eastern Region or its representatives, the volunteers, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.
- I also assume financial responsibility for any damages my child may cause, and for providing transportation home should it become necessary for disciplinary reasons. I also give my permission to the Evangelical Friends Church Eastern Region staff, its representatives, and the adult volunteers and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

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

**Terms of Agreement**

**Photo Release**

I hereby give permission for my student to be photographed during the EFC-ER Student Leadership Retreat. I understand the photos may be used to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my student's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation, and that all photos are the property of Evangelical Friends Church Eastern Region and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

**Personal Property Disclaimer**

Evangelical Friends Church Eastern Region, Camp Gideon, and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change.

Parent's/Guardian's Initials \_\_\_\_\_

**Electronic Signature**

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

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

Student: \_\_\_\_\_ Date: \_\_\_\_\_