



Individual Registration Form for Fall Retreat 2024

Home Congregation _____

Leader _____

(the two items above should be the same for your whole group)

Medical/Covenant/Photo Release information

Keep a hard copy of this form or an equivalent congregational form with you and onsite for your session. You must cover the covenant with your group prior to arrival.

Personal Information

Name: _____ Date of Birth: _____

Telephone (home/cell): _____

Address: _____

City/State/Zip: _____

Age: _____ Gender Identity: (CIRCLE ONE) Male / Female / Other _____ Pronouns: _____

Grade in School: _____ (CIRCLE ONE) Adult / Youth

T-shirt Size (Adult Sm, M, L, XL, XXL, XXXL) _____

Email: _____

Medical Release Form

Physical Restrictions: _____

Allergies: _____

Current Medication(s) and Dose: _____

Special Dietary Needs: (we hope to accommodate most food allergies)

Other Medical Information: _____

Emergency Contact Name: _____

Phone: _____

Insurance Company: _____

Policy Number: (a photocopy of insurance card may be attached) _____

Physician Name: _____ Phone: _____

I certify that I am a parent or legal guardian of the child named above, who is participating in the event named above. In case of an emergency, I understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to a physician selected by my home church's leadership or event staff to secure proper medical or dental treatment, to hospitalize, order injections, anesthetize, perform x-rays, or perform surgery for my child.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____ E-mail: _____

Covenant of Conduct Form

Students: With the understanding that I am responsible for my own actions, I will follow these guidelines:

1. I will participate in all scheduled activities of the event if physically able.
2. I agree to treat each person as a fellow member of the Body of Christ, and will not verbally or physically hurt another person.
3. I agree to respect the property of others, including the event facilities and outdoor areas.
4. I agree not to abuse my body with, or have possession of drugs, alcohol, or tobacco at any time.
5. I will respect adult advisors, the event planning team members, and members of the event community.
6. I agree to abide by the rules of the event facility as presented to me upon arrival.
7. I agree to abide by health & safety protocols and recommendations to the best of my ability as presented in the information packet.

ADULTS: I understand that it is my responsibility to supervise my entire group at all times.

1. As a leader, I will ensure that my youth participants observe and respect Camp Casey property and residents, the Planning team, the musicians, and speakers.
2. I understand that if any member of my group causes property damage, our congregation will be responsible for repair or replacement.
3. I agree to abide by health & safety protocols and recommendations to the best of my ability as presented in the information packet.

I understand these guidelines are necessary to ensure a safe, Christ-centered event for everyone, and will follow them out of my respect for others. Should I choose not to follow them, I understand that I will have to accept the consequences determined by my church's adult leaders and the event staff.

*The Children, Youth and Family Committee of the Northwest Washington Synod has taken on leadership for our Middle School / High School Fall Retreat, but please note that **each congregation is ultimately responsible for their group**. You acknowledge that The NWWA Synod and Camp Casey are not liable.*

Youth Signature: _____ Date: _____

Leader Signature: _____

Parent/Guardian Signature: _____

Photo Release

Every year, we take photographs at the event! Occasionally, pictures of event participants are used for promotional materials such as brochures, websites, social media and event advertisements.

For privacy purposes we would like your permission to include your picture. We would like to have your signature on file. Thank you.

I hereby irrevocably consent to and authorize the use and reproduction of any and all photographs taken of me by event staff for any purpose whatsoever without compensation to me. All negatives and positives, together with the prints, shall solely and completely constitute the property of the NWWA Synod and Camp Casey. I understand that the use of the pictures is not guaranteed.

___ I will not allow any picture of me to appear in any publication whatsoever.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____