

Students Full Name

## OCEAN CITY WEEKEND 2017

September 15-17 in Ocean City, NJ for students in grades 9-12.

LODGING: Kull Youth Center 550 Wesley Ave. Ocean City, NJ 08226

## Total Retreat Cost: \$90 per student.

[Includes transportation, meals and a t-shirt]
\*to guarantee a spot and tshirt size please register early.

Any questions contact Jack at 856.889.1718 or john.broomell@gmail.com

Grade in School	T-shirt Size S M	L XL	2XL	3XL		
Parent/Guardian contact info:	,					
Full Name		Email	Address			
Contact Phone Number		Secondary F	hone Number	· · · · · · · · · · · · · · · · · · ·		
Street						
City		_State	Zip			
Medical Information [Please a	ttach a copy of insurance c	ard with registra	tion]			
Insurance Company Name						
Policy Number	Gı	roup Number				
Name Primary Insurance Card Holo	der		The	eir Birthdate		_/
List known allergies or Medical Cor	iditions: [Use back of pape	r if more room is	s needed]			
l authorize the administration of ov Initial Initial	er the counter drugs by the	e adult leadershi <sub>l</sub>	p. <b>I DO</b>	I DO NO	Τ	
l authorize the use of first aid and/o Initial Initial	r CPR by a trained person	in a case of eme	rgency. <b>I DO</b>	I DO	NOT	
As a parent and/or guardian of the above event of a medical emergency which, in discomfort if delayed. This authority is release is signed for the purpose of au	n the opinion of the attending granted after a reasonable o	g practitioner, may effort has been mo	vendanger the child ade to reach me or	d's life, cause disfigui	rement or un	ndue pain and
Guardian Signature Require	ed					
I give permission for my student to atto Savior on Sept. I 5 at 5:30pm and pick media or the youth website. I understa early.	them up on Sept. 17 at 3pn	n. I understand ph	otos may be taken	on the trip and used	d for church	purposes on social

Guardian Signature Required