**Friday, November 16 - Sunday, November 18, 2018**

**MVP High School Retreat**

**7PM (Fri.) – 11:30AM (Sun.)**

**KIRKMONT CENTER**

**$15 Early Bird Registration by October 1ST | $25 Registration after November 1ST**

**REGISTRATION CLOSES ON NOVEMBER 7TH AT 5PM**

**Please send payment and completed registration form to Lynn Bova (**[**lynn@maumeevp.org**](mailto:lynn@maumeevp.org)**):**

**Maumee Valley Presbytery, 700 E Melrose Ave, Findlay, OH 45840**

**Checks made payable to *Maumee Valley Presbytery* with *HS Retreat* in the memo line**

**General Information**

Full Name: Click here to enter text.

Preferred Name: Click here to enter text.

Address: Click here to enter text.

Grade Completed:Click here to enter text. Email Address: Click here to enter text.

Cell Phone Number:Click here to enter text. Text? Yes  No

Parent/Guardian Name: Click here to enter text.

Parent/Guardian Phone Number: Click here to enter text.

Emergency Contact Name: Click here to enter text.

Relationship to Youth:Click here to enter text.

Emergency Contact Phone: Click here to enter text.

Dietary Restrictions: Click here to enter text.

T-shirt Size: Adult Small Adult Medium Adult Large Adult XL Adult XXL Adult XXXL

Home Church: Click here to enter text.

(Continued on next page)

**Health Information**

Do you have medical insurance? Yes  No

Name of Policy Holder: Click here to enter text.

Relation: Click here to enter text.

Policy Holder Phone Number: Click here to enter text.

Insurance Company/ Plan Name: Click here to enter text.

Insurance Company Phone Number: Click here to enter text.

Insurance Company Policy Number: Click here to enter text.

Group Name: Click here to enter text.

Allergies: Click here to enter text.

Does allergy require an EpiPen? Click here to enter text.

Date of last tetanus shot: Click here to enter text.

Name of Physician: Click here to enter text. Phone: Click here to enter text.

Dentist/Orthodontist: Click here to enter text. Phone: Click here to enter text.

Medication needed while at the retreat: Click here to enter text.

Who will dispense meds listed above? (check one) Youth Staff

I, Click here to enter text.the parent/guardian of Click here to enter text. give the MVP Youth Retreat Staff and Kirkmont Center Staff permission to:

1. Provide medications brought to camp by parent/guardian or prescribed by a physician while in attendance.

2. Provide over the counter medications following the dosage and directions on medical container.

3. Without limitation, or obligation, any and all media, including photographs, film footage, or tape recordings, which may include my child’s image or voice for the purpose of art, advertising, education, or promotion or for any other purpose, and release the Presbytery from any claim or liability to that use.

4. Agree to hold harmless Maumee Valley Presbytery, Kirkmont Center, employees and volunteers for all claims alleging bodily injury or property damage occurring while the participant is at a sponsored activity.

5. Give permission, as necessary to search a camper’s belongings when the health, well-being, or safety of the camper or others requires it.

6. The youth on this form described has permission to participate in all retreat activities. I give permission to the MVP and Kirkmont Center staff and employees to transport my child to the local hospital for emergency services. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child.

7. I understand the information on this form will be shared on a "need to know" basis with retreat staff. I give permission to photocopy this form. In addition, the retreat staff has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

Signature of Parent/Guardian—Please paste electronic signature here:

Date: Click here to enter text.