

2010 WINTER RETREAT REGISTRATION

Due ASAP... no later than Dec. 20 with payment and all forms
Contact Connie for scholarship info

Name_____

Grade & Birthday_____

Email address_____

Address & Phone #_____

____I plan to attend the Winter Retreat and I plan to Ski at CATALOOCHEE on Saturday. I have read the enclosed details concerning the retreat and I have filled out the ski rental info and the permission slip.

Ski Rental Info....

rental : yes or no

weight_____ height_____ shoe size_____

free ski school: yes or no

ability: I-beginner, II-intermediate, III-advanced

____I plan to attend the Winter Retreat. I will **not** be skiing on Saturday. I have filled out the permission slip and read the enclosed details concerning the retreat.

My t-shirt size (please circle) S, M, L, XL, XXL

PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT

Please print clearly:

Child's Full Legal

Name: _____

Child's Social Security Number: _____ Child's Date of Birth: _____

Name & Address of Local

Church: _____

Group

Leader: _____

I give my consent for the youth group counselors, the Lake Junaluska staff and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for:

Name of

Child: _____

Name of Parent or Legal

Guardian: _____

Signature of Parent or Legal

Guardian: _____

Relationship: _____

Address: _____

Phone Numbers where I can be reached: () _____

() _____

Medical Information	Insurance Information
Allergies: _____ _____	Insurance Company: _____
Any medications being taken: _____ _____	Policy Number: _____
Any other significant information: _____ _____	Address: _____ _____
_____	Name of Parent's Employer: _____ _____