

Medical Release and Registration 2023 Winter Youth Retreat

Please fill out one form for each retreator

Name: _____

Address: _____

Home Phone: _____

Home Church (If applicable): _____

Age: _____

Grade: _____

Email: _____

Please choose activity:

Skiing: _____

Boarding: _____

Snow Tubing: _____

RENTERS: Please go to www.windhamoutfitters.com and select the Winter season. Click on the Rentals option in the red bar. Click on Reserve Your Equipment and fill in all the information for your rentals **FOR MARCH 4th** so it will be ready for pick-up. Please add **“Amazing Grace”** in the coupon box on the online rental form. You will not be charged online.

Are you interested in Skiing or snowboarding lessons? Yes or No

Name of Retreaters: _____

Address: _____

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Date: _____

Food Allergies: _____

Medication Allergies: _____

Primary contact phone number and email:

Secondary contact number phone number and email:

In case of an emergency, I _____ (print name of parent/legal guardian) grant consent to the organizers of the Retreat to authorize medical care for my minor child/children listed on this registration form for the dates of March 3-5 of 2023.

_____ (Signature of parent/legal guardian)¹

¹ If a retreator is injured, we always try to contact their parents or guardians to inform them and make sure they are aware of and in agreement with our treatment plan and the specific medical facility they will be taken to.