



Please mail completed applications and \$10.00 deposit by 1/7/08 to:

Family Retreats Application January 25-27, 2008

Myron & Janyce Gilbert
821 Pawnee Drive NW
Cedar Rapids, IA 52405

Please select the Retreat you will be attending: Youth Retreat (12-until you feel like an adult) KIDS Retreat (Ages 4-11) Adult Retreat (You know who you are!)

Name _____ Age _____ Male Female
Street Address _____
City _____ State _____ ZIP _____ Phone _____

Names / Relationship of other family members (father, mother, brother, sister, etc) that will be attending one of these retreats:

Name _____	Relationship _____	Retreat they're attending _____
Name _____	Relationship _____	Retreat they're attending _____
Name _____	Relationship _____	Retreat they're attending _____
Name _____	Relationship _____	Retreat they're attending _____
Name _____	Relationship _____	Retreat they're attending _____
Name _____	Relationship _____	Retreat they're attending _____
Name _____	Relationship _____	Retreat they're attending _____

Parent/Guardian Name: _____ Phone _____
In Case of Emergency Notify: _____ Phone _____

Please Note:

- Clothing must be neat, clean, and moderate. All clothes should be of reasonable lengths. This is a Christian retreat, so please dress accordingly.
- The use of drugs, alcohol, tobacco, or profanity will not be tolerated.
- Cell phones should be for emergency use only.
- No one is to be outside of the buildings after "Lights Out." This is for your protection!
- For the sake of all those at the retreats, the participants must be free from contagious illness (ie, fever, strep throat, chicken pox, lice, measles, etc.) We reserve the right to inspect any campers for the above conditions. If the participant appears to have an illness, they will not be allowed to stay.

Name of person who will pick up participant at end of the retreat _____
Relation to participant _____ Phone _____

* A phone call and written note is required if participant is to be released with anyone other than the person named above. *

PLEASE COMPLETE BOTH SIDES OF THIS FORM

For Office use only:

Amount Due: _____ - Deposit sent: _____ = Amount due at Registration: _____
Cabin / Building Assigned to: _____

Emergency / Medical Care Information

In case of a serious emergency or illness, retreat personnel will call 911. Completing this form will allow us to have accurate information for our records and speed emergency care.

Health History (Check all that apply.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Kidney Trouble |

Allergies (Check all that apply.)

- Poison Ivy, Oak, Sumac, Other Elements

How you treat an exposure to this: _____

- Bee / Wasp Stings, Other Insects

How you treat an exposure to this: _____

- Penicillin or other drugs listed here: _____

How you treat an exposure to this: _____

Insurance Information

- We do not have any Medical Insurance

- We do have Medical Insurance:

Name of Insurance Company _____

Policy / Group Numbers _____

Name of Person on Policy _____

Policy Holder's Employer _____

Special Instructions

If your child is taking any medication, please complete the following:

Name of Medication _____ Dosage / Frequency _____

Reason for Medication _____

Name of Medication _____ Dosage / Frequency _____

Reason for Medication _____

Is there any restriction of activities? Explain here: _____

I understand that if any accident should occur, or any sickness for which the retreat's insurance does not provide, it is my responsibility. The retreat or the Church of God of Prophecy will not be liable for any of the expenses incurred in such case. I have completed and read the above information.

Parent / Guardian Signature _____ Date _____