REGISTRATION FORM
Michigan Conference of Congregational Christian Churches

_____ Middle School _____ Senior High
_____ Advisor

Retreat cost $55 ($40 early registration)
Early registration deadline: *March 13, 2020 (postmarked)*

Retreat Location:
Meadowbrook Congregational Church
21355 Meadowbrook Rd, Novi

Retreat Dates: *March 20 – 22, 2020*

*****Important*** Make check out to MICHIGAN PF**

Send check (made out to Michigan PF), this form and all other forms to:
Garth Rouble, 61 Shady Lane Jackson MI 49201
garthr@gmail.com
Also please email Michelle michsimino@aol.com, with the numbers so we can plan accordingly

Please print CLEARLY
Name _____ e-mail address _____
Mailing Street Address _____
City _____Zip Code _____ Parent's Phone (____)____-_____
Age ____ Grade _____Male ___Female___ Youth's cell phone (____)____-_____

Accompanying Counselor? Y or N - if Yes…
Counselor complies with Home Church Child-Abuse Policy – initial here _____
Church name and city_____
Name of counselor or advisor with you on this trip_____
Youth Advisor or Minister's
Signature:_____

MEDICAL INFORMATION

Name of Insurance Company _____
Does the young person carry card on their person? ____yes ____no
If "no", please attach photocopy of card to this registration form.
Contract numbers which appear on the health card: _____
Name and phone number of Youth's Physician: _____
_____
Name of Person Who Carries the Coverage: _____
Please list any allergies (food, medicines, etc.): _____
Please list any medications currently being taken: _____
Authorization to dispense Tylenol or Ibuprofen for minor pains: Yes___ No____ (If yes, circle preference)

Publicity Release:
By signing this registration form the undersigned agrees to allow the possible use of photographs and/or verbal quotes of the attendee for published promotional materials including but not limited to direct mailings, advertising flyers and internet web site information.

In case of emergency, an authorized member of the Michigan Youth Commission may seek treatment. I understand that every effort will be made to contact Parent/Guardian. If I cannot be reached, I hereby authorize a member of the State Youth Commission (as an agent for me) to seek and consent to the appropriate medical treatment for my child.

_____ _____ _____
Parent/Guardian Signature **Date** **Emergency Phone Number**

*****Important!*** signed rules sheet must also be included**
ABSENCE OF ANY SIGNATURE VOIDS THIS REGISTRATION FORM.