



FALL RETREAT REGISTRATION FORM

September 24-25, 2021 | East Iowa Bible Camp, Deep River, Iowa | Cost: \$50

(Please **PRINT** all information)

Name: _____

Address: _____
(Street) (city) (state) (zip code)

Home phone: (____) _____ Cell phone: (____) _____ Date of Birth ____/____/____

Age: _____ Grade in School: _____ Anticipated Year of High School Graduation: _____

Church: _____ E-Mail Address: _____

Gender: M / F (Check one) ____ Teen (\$50) ____ Adult Chaperone (\$50)

INSURANCE AND MEDICAL INFORMATION (All participants must be covered by their own personal insurance.)

Please list any medical problems: _____

Allergies: _____

Past Surgeries: _____

Name of medications & dosage you will be taking at the time of the event: _____

List medications you are allergic to: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Phone: (____) _____ Contact Person: _____

Insurance Company _____ Policy # _____

PARENTS: I hereby give authority to Andy Watts, who is the NYI President of the Iowa District NYI, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors and those who will supervise this event and uphold proper conduct. The first step of discipline, should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, _____. I agree to release and hold harmless any and all staff and lay assistants of the Iowa District NYI or from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence. My son/daughter has my permission to attend Fall Retreat.

Parent/Guardian Signature _____ **Date:** _____

*Fall Retreat forms are due **September 13th**. All late registrations will have a late fee of \$10.*

Please Mail forms to:
Rev. Andy Watts | 140 Gateway Dr. Oskaloosa, IA 52577

OR

Email forms to:
awatts@gatewaynazarene.org