

**YA RETREAT REGISTRATION FORM**  
(STUDENT REGISTRATION)

**Student Information**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size S / M / L / XL / XXL / XXXL

Grade (as of **2018 - 2019** school year) \_\_\_\_\_

Street Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact** (If unable to reach parents during Retreat) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name & City of Church you are attending with \_\_\_\_\_

\_\_\_\_\_ Youth Leaders Name \_\_\_\_\_

Youth Pastor/Leader's E-mail \_\_\_\_\_

**STATEMENT OF HEALTH** (TO BE COMPLETED BY PARENT OR GUARDIAN)

Insurance Carrier \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured's Name (First & Last) \_\_\_\_\_

**CHOOSE ONE:**

Current Immunizations: **YES NO** If no, what is missing \_\_\_\_\_

Inhaler: **YES NO** Epi-pen: **YES NO** Exposed to a communicable disease: **YES NO**

Physical needs that would limit retreat activities: **YES NO** Can student swim: **YES NO**

Can student use shallow end: **YES NO** Allergic to medication: **YES NO**

Allergic To \_\_\_\_\_ Ibuprofen, aspirin, or Benadryl if needed? **YES NO**

List **ALL MEDICATIONS** that student is currently taking \_\_\_\_\_

Is there any information that we should have regarding the welfare of this student? \_\_\_\_\_

(If explanation is needed, please explain on separate paper)

**PARENT SIGNATURE REQUIRED-EMERGENCY TREATMENT PERMISSION:**

I give the following EMERGENCY TREATMENT PERMISSION whereas I have legal custody of this child, a minor who resides with me. While this child is a registered participant at a **2018** Potomac Youth Alive Retreat, I hereby authorize Potomac Youth Alive Staff and/or the student's Youth Pastor/Leader responsible to consent to any x-ray, examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of WV, VA, or MD when such a medical or surgical treatment is necessary.

**PARENT SIGNATURE** \_\_\_\_\_

I have read & agree to adhere to the conduct code & understand that willful misconduct or any breach of the conduct code will subject me to dismissal from the Retreat at any time, day or night, at my parent's expense.

**STUDENT SIGNATURE** \_\_\_\_\_

# **STUDENT CONDUCT CODE**

1. All cars will be parked at all times. Keys must be turned in to their Youth Pastor or Trip Leader at check-in.
2. Identification Policy: Wristbands are required to be worn at all times to verify that you are authorized to be on the campus. One wristband will be received at check-in.
3. No one is to leave the campus without specific prior permission from the Retreat Director.
4. VISITOR POLICY: Our goal for this retreat experience is to see each student's life impacted and changed eternally. Therefore, in an effort to limit distractions, we strongly discourage visitors. Retreat is only opened to registered students and staff. Parents or guardians may be permitted for the evening service ONLY by permission of the Retreat Director.
5. Possession of TOBACCO products/illegal drugs will result in immediate dismissal. NO alcoholic beverages, fireworks, pornographic materials, weapons (knives, scissors, sharp objects.) Possession will result in dismissal.
6. THINGS NOT TO BRING: barber shears, computer, TV, video games are not permitted & will be confiscated.
7. CELL PHONE POLICY: We do allow cell phones to be brought to the Retreat. They are only to be used in the room during free time and after curfew. They are NOT ALLOWED OUTSIDE of the room. PYM and Youth Alive are not responsible for lost, stolen, or broken phones. We strongly discourage bringing cell phones to retreat if possible.
8. By law, prescription medications must be in their original prescription bottle in the student's name. All prescription medication must be turned in at check-in to the student's group leader or Youth Pastor. Over the counter meds must also be in their original container. Unmarked medication will be confiscated. Staff will NOT dispense any over-the-counter medications unless permission has been given on the medical form. Students & staff should bring all medication or personal items they will need.
9. We reserve the right to inspect the contents of all rooms, and personal belongings. The staff reserves the right to hold/or dispose of improper contents.
10. Everyone must observe Christian conduct, personal cleanliness, and respect for authority, fellow students/leaders, and their personal property. Lack of cooperation, unnecessary roughness, unwholesome attitudes, and violations of Conduct code will result in expulsion from Retreat, day/night, at the expense of parents. No refunds given!
11. Members of the opposite sex are prohibited to enter/visit each other's rooms (including relatives). No one is allowed in off limits areas.
12. The entire daily schedule must be observed by everyone. Each student will perform duties as part of the privilege of being here. Rooms and adjacent areas must be kept clean!
13. The dress code will be enforced at all times.
14. Potomac Youth Alive may photograph all activities and Retreat participants and may use such photographs or video for promotional publicity, historical purposes, and the like.
15. Youth Pastor and/or Group Leader are responsible for the conduct of their own students. All disciplinary actions will be at the discretion of the Youth Pastor and/or Group Leader.