

**REGISTRATION FORM**  
Michigan Conference of Congregational Christian Churches

\_\_\_\_\_ Middle School \_\_\_\_\_ Senior High  
\_\_\_\_\_ Advisor

**Retreat cost \$55 (\$40 early registration)**  
**Early registration deadline: March 17, 2017 (postmarked)**

Retreat Location:  
FCC St. Johns  
100 Maple Ave  
St Johns, MI 48879

Retreat Dates: March 24-26, 2017

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

**Send check (made out to Michigan PF), this form and all other forms to:  
Garth Rouble, 904 Wooded Lane, Marshall 49068**  
[garthr@gmail.com](mailto:garthr@gmail.com)  
Also please email Michelle [michsimino@aol.com](mailto: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.**