

Registration Form

Name: _____

Preferred Name on Name Tag: _____ University/College: _____

Address: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Food Allergies or Special Dietary Needs:

Church: _____

College Retreat Covenant

The College Retreat enables me to grow in Christian faith and commitment and provides opportunities to enjoy Christian fellowship. In keeping with this spirit, I promise to:

- Attend and participate willingly in all planned activities, including meals.
- Follow all rules and instructions of the designated leaders at all times.
- Respect and abide the schedule of events including lights-out.
- Not bring or use any drugs, narcotics, tobacco or alcoholic beverages.
- Respect the property of Camp Pee Dee Retreat Center and others, and in the event that I am responsible for damage to property, I will be responsible for the expenses incurred to repair or replace that property.

Signature

Date

Consent & Release from Liability Form

The Presbytery of New Harmony

2352 Presbyterian Road – Florence, South Carolina 29502

Toll-free telephone: 877.662.8411

CONSENT & RELEASE from LIABILITY

_____ has my permission to participate in all activities of The Presbytery of New Harmony and to be transported by rented, borrowed, or private vehicle when necessary. I understand that all events will have adult supervision. In consideration of the benefits to be derived from such activities, I hereby voluntarily waive any claim against New Harmony Presbytery, its staff, its volunteers, as well as the owner/or driver of the automobile furnishing transportation. I further agree to direct my child to conform to the fullest with the directions and instructions of those in charge of the activities. This consent and release is in effect until I provide New Harmony Presbytery with written notice to the contrary.

Parent/Guardian Signature: _____

Address: _____

Telephone:(day/evening/work/cell)_____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1:_____

Address:_____

Telephone:(day/evening/work/cell)_____

Emergency Contact # 2:_____

Address:_____

Telephone:(day/evening/work/cell)_____

Emergency Contact # 3:_____

Address:_____

Telephone:(day/evening/work)_____

Cell:_____

Medical Care Permit

The Presbytery of New Harmony

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during any sponsored activity of The Presbytery of New Harmony. This permit is in effect until I give The Presbytery of New Harmony written notice to the contrary.

Parent/Guardian Signature:

Health Insurance Company:

Subscriber’s Name:

Policy Number:

Insurance Company Emergency Phone:

Has s/he had any surgery or serious illness within the last three years? If yes, please explain:

Is s/he required to take any medication? If so, for what reason and how often?:

Does s/he have any allergies or allergic reaction to any medications? If yes, please explain:

Is s/he presently under a doctor’s care? If yes, please explain: