

2017 YOUNG DISCIPLES BOYS AND YOUNG MEN RETREAT

Theme: Run To Win (1 Corinthians 9:24-27)

Friday, July 21 - Sunday, July 23, 2017

REGISTRATION FORM

Please return completed the registration form, pool permission, emergency contact, medical information, insurance, activity, and photo release forms to New Life Church, P.O. Box 288, Sterling, VA 20167 or your designated contact. Please make checks payable to Daughters of the King with notation for Young Disciples on the memo line.

REGISTRATION FEE is \$195.00 per registrant which includes a non-refundable \$50 deposit due with your registration form. The deadline for registration is Sunday, June 25th. Registration includes 2 night accommodations, 4 full meals, snacks, beverages, t-shirt, and retreat materials. No refunds offered after June 25th.

SITE: Westin Washington Dulles Airport Hotel, 2520 Wasser Terrace, Herndon, VA 20171

CHECK-IN: Friday, July 21st from 6:30pm to 7:15pm

(Dinner on Friday night is NOT included. Please ensure the girls eat before checking in on Friday)

CHECK-OUT: Sunday, July 23 from 12:00pm to 1:00pm

Attendees Name: _____ Age: _____

Your Name: _____ Relationship to Attendee _____

Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

How did you hear about the retreat? _____

AMOUNT ENCLOSED: _____

Custom T-Shirt – Preorder Form

Indicate shirt size Adult or Youth (Example AL or YL)

Adult: AS AM AL AXL A2X A3X A4X A5X

Youth: YS YM YL YXL

- - -Administrative Use Only - - -

Amt Rec'd: \$ _____ Check Number: _____ Cash _____ Date: _____

Missing Items: _____ Complete Package _____

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POOL PERMISSION

Attendees, who are 8 years old and up, must have the permission of a parent or guardian before they will be allowed to participate in pool activities. The maximum depth of the pool is 5 feet.

NOTE: Attendees under the age of 8 will not participate in pool activities.

Please check one and sign below.

- I DO give _____ permission to participate in pool activities.
 I DO NOT give _____ permission to participate in pool activities.

Signature of Parent /Guardian

Date

PHYSICAL ACTIVITIES

Should this child's activity be restricted involving swimming or other competitive sports?

- Yes No

If yes please explain the restrictions and degree of restrictions

FOOD ALLERGERIES

Does your child have food allergies ? Yes No

If yes, please explain? _____

MEDICATION AUTHORIZATION

Does your child take medication regularly? Yes No

If yes, do you give Young Disciples and its agents, employees and volunteers permission to assist with providing your child "the" medication(s) listed below?

MEDICATION

DOSAGE

Young Disciples 2017 Boys and Young Men's Retreat

Email: Youngdisciplesnorthernva@gmail.com

Phone: (703) 585-0026

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HEALTH STATE OF PARTICIPATING CHILD

Check any current or past health conditions that may require attention while participating in the above event.

Does your child wear glasses? Yes No Contacts? Yes No

Has your child had any recent operations or inquires? Yes No

If yes, please explain: _____

Does your child have any history of emotional or behavioral disturbance? Yes No

If yes, please explain: _____

Does your child have any special conditions to be watched for such as convulsions/seizures, allergies, fainting, sleep walking, etc? Yes No

If yes, please explain: _____

- Bed wetting (be specific) _____
- Sinus problems or headaches (be specific) _____
- Respiratory (be specific) _____
- Diabetes (be specific) _____
- Bee sting/insect (be specific) _____
- Hearing problems (be specific) _____
- Heart problems (be specific) _____
- Other _____

Please explain any area identified above or other conditions not identified above:

Parent / Guardian Signature

Date:

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EMERGENCY CARE INFORMATION

NOTE: This form must accompany the child's registration form at the time the child is registered. **Please print legibly.**

Child's Name _____ Date of Birth ____/____/____ SSN ____-____-____

Address _____ City/State/Zip _____

Parent/Guardian's Name _____

Parent/Guardian's Address _____ City/State/Zip _____

Parent/Guardian's Home Phone (____)____-____ Mobile (____)____-____

EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

1) Name _____ Phone Number (____)____-____

2) Name _____ Phone Number (____)____-____

PHYSICIAN/INSURANCE INFORMATION

Physician's Name _____ Phone Number (____)____-____

Insurance Company: _____

Insurance Company Phone Number (____)____-____ Policy Number _____

Policy Holder's Name _____ Phone Number (____)____-____

Emergency Medical Treatment: I understand every effort will be made to contact the parents/guardian or listed contact in case of emergency. In the event I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility. I also understand that I will be responsible for payments of any medical expenses incurred on my child's behalf. Furthermore, I authorize all medical and surgical treatment X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that either parent/guardian or listed contact cannot be reached in the case of an emergency. _____
(Initial here).

Please complete the "Medication Authorization" form to be able to give your child any medications. The undersigned agrees that the above information is correct and accurate to the best of his/her knowledge.

Parent/Guardian's Signature _____ Date _____

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PHOTO RELEASE

Does Young Disciples, Daughters of the King, New Life Church, United Love Church and Christ Fellowship Church have your permission to use your child's photographs on our website or any other publication? Yes No

By selected no your child could be asked not to participate in group photos.

WAIVER OF LIABILITY RELEASE

PLEASE BE ADVISED THIS RELEASE FORM WAIVES SPECIFIC LEGAL RIGHTS YOU MAY HAVE IN CONNECTION WITH INJURIES OR EVENTS ARISING OUT OF YOUR CHILD'S ATTENDANCE IN THE RETREAT. READ THIS CAREFULLY BEFORE SIGNING BELOW.

I/We release Young Disciples, Daughters of the King, New Life Church, United Love Church, Christ Fellowship Church, and Mt. Pleasant Baptist Church from liability in case of injuries or illnesses which my child may sustain resulting from participation in retreat activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses which may result from participation in these retreat activities. I hereby release and discharge Young Disciples, Daughters of the King, New Life Church, United Love Church, Christ Fellowship Church, and Mt. Pleasant Baptist Church, their agents, servants, assigns, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of my child's participation in these activities. I understand that the Young Disciples, Daughters of the King, New Life Church, United Love Church, Christ Fellowship Church, and Mt. Pleasant Baptist Church are not responsible for personal property lost or stolen at the retreat facility. By signing my signature below I acknowledge that I have read this form and that I understand I am waiving my rights to specific legal rights I might otherwise have against Young Disciples, Daughters of the King, New Life Church, United Love Church, Christ Fellowship Church, and Mt. Pleasant Baptist Church and its affiliated agents, employee and volunteers, which might exist if I were not to sign this form.

Parent's / Guardian Signature:

Date:

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PERMISSION TO PARTICIPATE IN OFF-SITE ACTIVITIES

I, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____ (“Child”), give permission for my Child to participate in the Young Disciples activities taking place off site. I understand that transportation to and from these activities will be provided for my child by Young Disciples.

If I choose to not have my child participate in one or more off-site activities, I must make other care arrangements for my child during the times of that off-site activity.

I assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, and I do hereby agree to release and hold harmless Young Disciples, its officers, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my child or damage to my child's property arising from her participation in off-site activities.

Parent's / Guardian Signature:

Date:

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BEHAVIOR AGREEMENT

Behavior Agreement

The *behavior* contract is a written *agreement* about how the individual will behave during the retreat. The purpose is to provide the participants with structure and self-management guidelines. If the participant fails to behave according to the outlined guidelines the chaperone will contact the retreat leaders (LLmon Watt and Larry Stewart) immediately. If necessary they will contact the participant's parent or legal guardian.

Our overarching guideline for participants in the boys and young men's retreat is they conduct themselves in a manner that is pleasing to God and brings honor to Him. We expect that participants will listen to the speakers & chaperones, follow retreat guidelines, and treat each other with respect and kindness.

1. I will carry myself in a manner that is pleasing to God and brings honor to Him.
2. I will respect the other boys and their opinions and treat them with respect and kindness (LOVE).
3. I will represent God, Young Disciples, my family and myself positively at all times during the retreat.
4. I will cooperate with my chaperone, retreat leaders and my brothers in Christ.
5. I understand there will be no cell phone use or other electronic devices during the retreat.
6. I will not yell or run in the building.
7. I will act and speak positively and kindly to all, which does not include negative remarks or words like shut up, stupid, dumb, etc.
8. Before leaving the room (conference room, sleeping room, etc), I will ask an adult retreat leader for permission.
9. I will work to get along with others and will be open to getting to know someone I do not already know.
10. I will not isolate myself from the group or shun other boys.
11. I will not enter the conference room with wet clothes (if entering the pool).

Please let us know that both you and your child have read and spoken about expected behaviors by signing below.

Parent or Guardian Signature & Date: _____

Child's Signature & Date: _____

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