



YOUTH @ BROADWAY

Registration form for the *Fall Youth Retreat* on November 22-24, 2019

For students in Grades 9-12 (Born 2002-2005)

The Fall Youth Retreat is for students in High School. We will spend a weekend away with other students of the same age group from churches in our area, together at Braeside Camp from Friday November 22nd to Sunday November 24th 2019. Please be sure to fill the form out in full, and return along with payment to the Broadway Church Office.

Leaders: Pastor Jana Mindle & adult youth leaders

Date: Friday November 22nd – Sunday November 24th, 2019

Location: Breaside Camp, 110 East River Road, Paris ON, N3L 3E1, 519-442-3773

Cost: \$150, includes accommodations, food, and transportation, \$20 deposit due September 5th to save your spot

Transportation: By vehicles, driven by youth leaders

Student Information

First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ Gender: _____

Address (Street #, City, Postal Code): _____

Home Phone number: _____ E-mail address: _____

Mother / Guardian name: _____ Cell phone number: _____

Father / Guardian name: _____ Cell phone number: _____

Internal Use

Paid: Y N

Amount: _____

Date: _____

Medical Information

Health Card number: _____

Doctor Name: _____ Phone Number: _____

Allergies: _____

Medical Conditions (ex. Asthma): _____

Does your student require any lifesaving medication, such as epi-pens and asthma puffers? **Yes / No**

Will they be bringing any medications with them? (A separate form is required) **Yes / No**

Does your student have any physical, mental, or emotional limitations of difficulties? **Yes / No**

If yes, please describe: _____

*If your student has an allergy or any other important medical information worth addressing, please speak to a designated staff or leader. If any medication is accompanying your student, a separate form will need to be completed.

**If your child requires lifesaving medication (such as an epi-pen or asthma puffers) separate notes will need to be made.

Emergency Contacts:

#1 - Name : _____ Relation: _____ Phone Number: _____

#2 - Name : _____ Relation: _____ Phone Number: _____

In house media authorization

Yes, I agree to let my student be photographed for internal promotional purposes within Broadway Church.

No, I do not agree to let my student be photographed for internal promotional purposes within Broadway Church.

I give _____ permission to attend the Fall Youth Retreat on November 22-24, 2019.

I understand that precautions will be taken to ensure my child's safety, and I will not hold Broadway Pentecostal Church responsible for any stolen/damaged property or personal injury.

Consent of participation

Parent/Guardian Signature: _____ Date: _____