

# MID-WINTER YOUTH RETREAT REGISTRATION FORM



**You must complete  
both pages of form!**

Complete and return to the REGIONAL OFFICE by **February 3, 2010** the following:  
**Registration Form, Health Form (reverse), and \$90.00.**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Work Number \_\_\_\_\_  
Parent's Cell Phone \_\_\_\_\_  
Congregation (name and town) \_\_\_\_\_

Grade: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Gender: \_\_ male \_\_ female

**All 5 Signature Lines  
must be  
Signed and dated**

## STANDARDS OF CONDUCT

All participants in the Mid-Winter Youth Retreat must agree to comply with the following Standards of Conduct:

- I will not possess nor use alcoholic beverages, tobacco products, or non-prescription drugs in any quantity during the Retreat.
- I will give any prescription drugs and directions for administration of the prescription drugs to the Director for safe keeping during the Retreat.
- I will not drive any motor vehicle during the event during the event unless permission is given by the Director. Youth participants will leave their vehicle keys with the Director upon arrival and receive them back when they depart.
- I will co-operate with the leadership and support the program of the Mid-Winter Youth Retreat.

I understand that I will be dismissed from the event and the grounds where it is being held immediately if I am found in violation of these standards. Furthermore a statement will be placed on file with the Christian Church (Disciples of Christ) in West Virginia indicating that I will not be permitted to participate in any future Regional events unless I indicate in a written petition that I will abide by these Standards.

\_\_\_\_\_  
*Applicants Signature*                      *Date*

***Be sure to complete Health Form on 2nd page!***

***[To be completed by the pastor.]***  
Recognizing that co-operation with the leadership and participant in the Mid-Winter Youth Retreat is essential I believe that \_\_\_\_\_ will be a co-operative participant.  
  
\_\_\_\_\_  
*Pastor's Signature*  
Date \_\_\_\_\_

***[To be completed by the parent/guardian.]***  
I have read and understand the Standards of Conduct and I give permission for \_\_\_\_\_ to attend the Mid-Winter Youth Retreat under these conditions.  
  
\_\_\_\_\_  
*Parent or Guardian's Signature*  
Date \_\_\_\_\_  
  
I give my permission to print in the Christian News, etc. any photographs of my child taken during this event.  
[ ] yes [ ] no  
  
\_\_\_\_\_  
*Parent or Guardian's Signature*  
Date \_\_\_\_\_

**Mail to:**  
Christian Church in West Virginia  
1402 Washington Ave  
Parkersburg WV 26101

**No person will be accepted unless this Health Form is completed and signed by a parent or guardian.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (parent's work) \_\_\_\_\_

(parent's cell) \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

1. Is there evidence or history of infection of:  
\_\_\_\_\_ nose \_\_\_\_\_ throat \_\_\_\_\_ ears \_\_\_\_\_ sinus \_\_\_\_\_ lungs?  
If so, what \_\_\_\_\_  
\_\_\_\_\_

2. Is there a heart condition requiring restricted activity? \_\_\_\_\_  
If so, what \_\_\_\_\_  
\_\_\_\_\_

3. Is Appendix present? \_\_\_\_\_ Hernia \_\_\_\_\_ Skin Disease \_\_\_\_\_

4. Is applicant subject to Fainting \_\_\_\_\_ Convulsions \_\_\_\_\_  
Sleepwalking \_\_\_\_\_ Asthma \_\_\_\_\_ If asthma, what recom-  
mended medication and dosage \_\_\_\_\_  
\_\_\_\_\_

5. List any substance, situation, insect bites or stings,  
or medication to which applicant is allergic \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the allergic reaction to the above (sneezing,  
respiratory difficulty, itching, swelling, skin rashes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has there been recent (past two weeks) exposure to  
contagious disease \_\_\_\_\_ If yes, what disease \_\_\_\_\_  
\_\_\_\_\_

Date of exposure \_\_\_\_\_

7. Is applicant under doctor's care at present \_\_\_\_\_  
If so, for what \_\_\_\_\_  
\_\_\_\_\_

8. State any routine medication applicant is now on \_\_\_\_\_  
\_\_\_\_\_

What is the dosage \_\_\_\_\_

Prescription number \_\_\_\_\_

General instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List any diet restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List date for:  
\_\_\_\_\_ Last tetanus shot \_\_\_\_\_ Last toxoid booster  
\_\_\_\_\_ Last polio vaccine booster \_\_\_\_\_ Last typhoid booster

11. What is the applicant's swimming ability?  
Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_  
Does the applicant have your permission to participate in  
swimming? \_\_\_\_\_

12. List any restrictions that should be observed by applicant  
in active camp or conference life \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST APPLICANT'S FAMILY DOCTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Day:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Evening/night:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

In the event of illness or accident, I hereby give permission to  
the Camp, Conference, Rally, or Retreat Director and/or Coun-  
selor, and to the Physician selected by the Director and/or  
Counselor to secure proper treatment for, to hospitalize, and to  
order inject, anesthesia or surgery for the person (applicant)  
named above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**The Rev'd. Thaddaeus Burwell Allen**  
Regional Minister

### **MEMORANDUM**

**Date:** Dec. 22, 2009  
**To:** 2010 Mid-Winter Youth Retreat Participants  
**From:** Thaddaeus B. Allen  
**Re:** Mid-Winter Youth Retreat: February 12-14, 2010

We are excited that you will be joining us for the Mid-Winter Youth Retreat of the Christian Church (Disciples of Christ) in West Virginia. It promises to be a fine time of Christian fellowship and formation. Find below some details that you might find helpful:

- Registration is at 6:00 p.m. Friday. We will register at the Administration Building (which is the first building by the Cedar Lakes entrance), and **supper will not be served that night.**
- The retreat will conclude with worship on Sunday morning and we should be finished by 11:30 a.m. **Lunch will not be served on Sunday.**
- We request that all prescription and non-prescription drugs be turned in to the director at registration. Please provide a note about the medication and dosage.
- **Bedding, linens and towels are not provided!**
- Bring a Bible.
- Exercise common sense with what you bring. Expensive items can be damaged, lost or stolen. We will have room to lock up expensive things if necessary. Ultimately, you are responsible for what you bring.
- The phone number for **Cedar Lakes is 304-372-7860**. If you need to get a message through, ask the staff to have me call you. Leave your number, they will track me down, and I will call you right back.

The theme for the weekend is "Living into the Text". The weekend should be informative, inspiring and fun!

If you have any questions, comments or need additional forms, please do not hesitate to contact me at 304-428-1681 (office) or 304-633-2428 (cell).

We are going to have a good experience of Christian fellowship and formation. I applaud your openness and willingness to be a part of this year's retreat. You are a blessing.

**CHRISTIAN CHURCH (DISCIPLES OF CHRIST) IN WEST VIRGINIA**  
1402 Washington Avenue ♦ Parkersburg, WV 26101  
Ph: (304) 428-1681 Fax: (304) 428-1684 TAllen@wvdisciples.org