

# 2017-18 Youth Retreat Health Information Form for Youth Groups

Please fill out this form, have a parent sign, and return it to Brian Hershey by **noon on Oct 31**. Email PDF scans to [bhershey@goyfc.org](mailto:bhershey@goyfc.org). Original copy can be dropped off at LSC Main Office.

Please fill out a separate form for each student (or Adult Leaders) attending this retreat.

Attendee's Name: \_\_\_\_\_ Parent or Guardian Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Day: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I am an **Adult Leader** (check box)

## STUDENT / ADULT LEADER HEALTH INFORMATION

Physician's name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name of Insured Adult: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Insurance Member ID \_\_\_\_\_ Group # \_\_\_\_\_

List any health problems/activity restrictions for this person \_\_\_\_\_  
List and drug allergies/allergic reactions \_\_\_\_\_  
List any regular medications \_\_\_\_\_  
Has this person received a Tetanus Booster within 5 years?  Yes  No  I don't know

All medications must be in original prescription bottles (not pill minders), with clearly marked instructions. Please attach a note with any special concerns. Please notify your youth leader if your child is exposed to any communicable diseases (two weeks or less) prior to camp.

Can we give your child any of the following over-the-counter medications while he/she is at camp?  
(Check all that apply)  Tylenol  Ibuprofen  Claritin  Tums  Cough Drops  Benadryl

Emergency Contact Person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Daytime phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent (or Legal Guardian) (print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent (or Legal Guardian) signature \_\_\_\_\_  
(Adults age 19 & over can sign for themselves)





Recreational Activity Participation Permission Slip  
Liability Waiver and Hold Harmless

*(Note: A signed waiver is required for all participants including minors and adults in order to participate in Recreational Activities, Volunteering, Work Projects, and Events at Camp Rivercrest).*

The undersigned is fully aware of the inherent hazards and risks and hereby elects to participate voluntarily and assumes all risks of loss, damage for injury that may be sustained by him or her.

Recreational activities, events and use of the grounds include, but are not limited to, the following: Paintball Course and Equipment; BMX Bikes and Course; Black Banana Slip-n-Slide; High Ropes / Challenge Course; Climbing Wall and Tower; Basketball, Baseball, Soccer, and Volleyball courts or fields; Hiking Trails; Swimming Pool; Field games; archery; etc. The undersigned adult, parent or legal guardian to a minor child, (participating in camp activities or events) agree that they are physically able to participate in all camp activities based on a physician's examination. I also give permission for my (or my child's) photo to be used in future promotional materials.

In exchange for the adult or minor child being allowed to participate in recreational activities, volunteer work, events, and use the "grounds" at Camp Rivercrest, the undersigned parent or legal guardian for himself or herself and personal representatives, assigns, heirs and next of kin (herein referred to as releasors), hereby releases, holds harmless, indemnify and defend Owner (including Owner's agents, employees, and representatives) from any and all liability for injury or damages including, but not limited to, bodily injury, personal injury, emotional injury, or property damage which may result from any person using the above described property and participating in any activities, for User's purpose, unless such injury or damage results from the intentional, willful or reckless acts by the Owner (including Owner's agents, employees and representatives) or otherwise.

*Please print the following below:*

\_\_\_\_\_  
Name of Adult Participant or Minor Child

\_\_\_\_\_  
Age or Grade / Date of Birth

\_\_\_\_\_  
Name of Adult Participant or Minor Child

\_\_\_\_\_  
Age or Grade / Date of Birth

\_\_\_\_\_  
Name of Adult Participant or Minor Child

\_\_\_\_\_  
Age or Grade / Date of Birth

I do not give my permission for my (or my child's) photo to be used in future camp promotion materials.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone #:

\_\_\_\_\_  
Cell #:

\_\_\_\_\_  
Email (optional)

\_\_\_\_\_  
Parent or Legal Guardian's Signature (REQUIRED)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date:

# HIGH SCHOOL FALL RETREAT

## Friday

NLT 5:00 - Promptly Meet at LSC Parking Lot

5:15 - Depart for Camp Rivercrest

6:30 - Pizza Dinner

7pm - Check-in *at the Chapel*

7:45 - Welcome to Fall Retreat (*in the Chapel*)

8pm - Student Game *in Dining Hall*

(Leaders meeting *in Chapel*)

8:45 - Session 1 *in Chapel*

9:45 - Small Group Breakouts

10:30 - Outdoor Movie with S'mores & Campfire

12am - Lights out

5:30 - Dinner *in Dining Hall*

6:30 - Coffee Tasting at  
*Coffee Shop*

(Leaders meeting)

7:30 - Session 2 *in Chapel*

9pm - Small Group Breakouts

10pm - Four Fires (*outdoor game*)

11:30 - Lights out

## Saturday

8:30 - Breakfast *in Dining Hall*

9:15 - Personal Devotion Time

10am - Morning Worship *in Chapel*

10:30 - Workshop 1

11:30 - Workshop 2

12:30 - Lunch *in Dining Hall*

1:30 - Color Wars *in Big Swing Field*

2:30-5pm - Free time (Zip line, High Ropes,  
Paintball, Coffee Shop open in Lodge Lobby,  
Zorb Ball Soccer)

## Sunday

8am - Breakfast *in Dining Hall*

9am - Session 3 *in Chapel*

10am - Small Group Breakouts

11am - Depart

12pm - Arrive back at LSC Parking Lot



**CHARGE**

HIGH SCHOOL  
FALL RETREAT  
NOV 3-5



**IN PARTNERSHIP WITH**

