

# Fort Flagler

## INDIVIDUAL REGISTRATION FOR YOUTH AND ADULTS

Each participant registering needs to complete both sides of the form; please photocopy form on white paper.  
Youth participants must be in grades 9-12. There must be 1 adult chaperone (same gender) for every 1-8 youth (same gender).

Fort Flagler State Park, 10541 Flagler Road Nordland, Washington 98358  
November 1-3, 2013

### General Information:

_____ Name	_____ Home Phone
_____ Street Address or P.O. Box	_____ Email Address
_____ City, State, Name	_____ Your Church (Please no initials)

Grade: 9 10 11 12 ADULT

Gender: F M

Special Registration\*\*:

### Payment Information:

Retreat registration fee is \$80 when submitted on time. Registrations will be accepted until Oct 22<sup>nd</sup>. \$ \_\_\_\_\_

I would like to contribute an additional amount to YSF (*suggested contribution: \$5-\$10*) \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

Please return this registration form to your youth leader unless you are a special registration<sup>1</sup> in which case return this registration to the following address:

Fort Flagler, Katie Aosved, PO BOX 2116 Gig Harbor, WA 98335

**Make checks payable to Tacoma District**

### Insurance Information:

_____ Emergency Contact during the Retreat	_____ Relationship to Participant
( ) _____ Home Phone	( ) _____ Cell Phone
_____ Doctor's Name	( ) _____ Doctor's Phone
_____ Doctor's City, State, Zip	
_____ Primary Insured's Name	

<sup>1</sup>Please be in contact with us if you are the only person from your church interested in attending. Often we can help connect individual youth with other groups so they can also participate.

\_\_\_\_\_  
Primary Insurance Company

\_\_\_\_\_  
Policy #

## Medical Information:

Any limitations to physical activities (circle one)? YES NO

Do you have allergies to any medications or other things (circle one)? YES NO

Will participant be under medication during the retreat (circle one)? YES NO

Do you have any food restrictions or special needs (circle one)? YES NO If YES to any of the above, please explain:

Other items of medical information the camp nurse should have about the participant:

## Fort Flagler Retreat Covenant:

As a participant of the retreat, and as a representative of my local congregation, I agree to accept the following guidelines as my covenant:

1. Participation in all scheduled activities is expected. If you need special assistance to fully participate, please contact
2. All youth and adult participants are limited to the campgrounds.
3. Anything considered illegal for minors under civil and criminal law in the state of Washington is considered to be illegal for retreat participants. This would include drug use, alcohol consumption, tobacco, and possession of firearms, weapons, and fireworks. Adults are expected to abide by these same restrictions.
4. Smoking, tobacco, incense, candles, etc. are prohibited at the Ft. Flagler Retreat.
5. Participants are to be in their assigned sleeping area by the designated time each night. Each person is to respect other participant's need for sleep, as well as caring for himself/herself.
6. Participants will live by the simple guidelines of love and respect for the rights, feelings, and property of others.

I understand that if I do not follow the simple guidelines above, that appropriate disciplinary action will be required, for youth and adults. Appropriate disciplinary action might include the calling of parents and/or pastor and/or dismissal from the retreat (at the participant's own expense). Decisions about appropriate action will be made by the leadership of the retreat, in consultation with their church's group leader or chaperone.

I have read the Fort Flagler Retreat covenant and agree to abide by it.

Participant Signature: \_\_\_\_\_

## Parental Consent of Participation, Emergency Care, & Media Release:

In signing this form, I hereby certify that this information is correct. In CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify the emergency contact person named on the reverse side of the form. I hereby give permission to the event coordinators to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. In the event that that person cannot be reached, I give permission to the retreat leadership and/or nurse to notify a physician, and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for participant named above.

With regard to my (or my child's) appearance at and/or in the video production during the event, I hereby consent to and give permission for Tacoma District of the United Methodist Church, to use my (or my child's) name, voice and likeness in its programs and activities, including the advertisement and promotion of the same, and I further consent that my (or my child's) name, voice and likeness may be used by such other parties to whom the said Tacoma District of the United Methodist Church shall give permission. This consent shall include any or all remarks, contributions, or performances that I may make or give in connection with my appearance and participation. I acknowledge that the Tacoma District of the United Methodist Church has full ownership rights to the video production, and that its proceedings, including my appearance, may be transmitted or otherwise exhibited, in whole or in part, throughout the world, without limitation as to time, in any medium, and by any means, method or device now or hereafter known, by Tacoma District of the United Methodist Church, or its licensee, as many times as it wishes, without further authorization from me.

Parent/Guardian/Adult Participant's Signature: \_\_\_\_\_

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

NOTES ABOUT YOUTH: