



REGISTRATION, PERMISSION and MEDICAL RELEASE FORM

(18 years and older)

Participant's Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ E-mail: _____

I understand that I participate in the Girls Retreat at New Covenant Fellowship at my own risk and that New Covenant Fellowship and its adult supervisors are not liable for any injury, personal or otherwise, to me or caused by me. I will be respectful of the Girls Retreat leadership. (INITIALS _____)

I understand that New Covenant Fellowship and Girls Retreat uses photographs and video images of events in their publicity materials such as the church website, Facebook page, and newsletters, and I hereby grant permission for photo/video images of myself to be taken and used for such purposes. (INITIALS _____)

I authorize treatment in the event of any medical emergency. I am responsible for any medical expenses. (INITIALS _____)

I grant permission to the adults helping with the retreat to drive me to and from retreat related activities (INITIALS _____)

I grant permission for myself to receive medication such as Tylenol, Motrin and/or Benadryl as needed during the retreat (INITIALS _____)

Signed: _____ Date: _____

Emergency Contact & Phone _____

Please list any allergies, food restrictions, physical limitations, and/or prescription medications _____

Please list any medical or psychological issues that we should be made aware: _____

Please make check payable to "NCF Girls Retreat" and send along with your form to: Janet Loeser - 26416 Prince Edward Hwy. Rice, VA 23966. If you have any questions email us at jessicabmoss02@gmail.com