



# 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 Barb Wine and send along with your form to: Jessica Moss - 662 Citizens Rd. Crewe, VA 23930. If you have any questions email us at [nfgirlsretreat@gmail.com](mailto:nfgirlsretreat@gmail.com)