

YOUTH REGISTRATION FORM

# Warm Your Heart

High School Youth Fall Retreat 2025  
November 14 - 16  
Friday night 7:00 pm - Sunday 12:00 p.m.  
South Broadway Christian Church - Denver, CO  
23 Lincoln St, 80203  
Cost: \$40.00

Please send completed registration forms and payment to: Patty Fadum, 3332 Templeton Gap, Colorado Springs, CO 80907; Scans of forms may also be sent to: [villageccoffice@gmail.com](mailto:villageccoffice@gmail.com)

### Youth's Covenant:

I pledge to act in a respectful manner in regard to property and in my conduct towards others. I am aware that I am representing my church. I agree to abide by all policies of the CRMR while at the retreat. I will follow the directions of the adult leaders and participate in all the retreat activities to the best of my ability with a positive attitude. I will ensure that I am healthy before coming and will not attend if I am experiencing symptoms of any kind of illness. I want everyone to know that I have respect and concern for my surroundings, and I will show respect and care for others.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

### Reference

I fully recommend the youth named above to attend the CRMR 2025 Fall Retreat.

\_\_\_\_\_  
Minister/Youth Leader Signature

\_\_\_\_\_  
Date

### Required

The sponsor who will transport and be responsible for me during the event is:

Sponsor's Name: \_\_\_\_\_ Church: \_\_\_\_\_

**Registration deadline is October 29<sup>th</sup>.**

Confirmations and "what to bring lists" will be sent by email on November 7.

(OVER)

**YOUTH REGISTRATION FORM (cont.)**

(Please neatly print or type all information requested)

Name \_\_\_\_\_ Birthday: \_\_\_\_\_  
Full Name Mo/Day/Year

Pronouns: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

I am currently in the following grade: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy or Group I.D. Number: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Indicate all known allergies, drug reactions, recent injuries or illnesses, current medications, restrictions, dietary requirements, or other necessary medical information (attach additional page if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Emergency Contacts</u>	<u>Primary Phone</u>	<u>Work or secondary Phone</u>
Parent/Guardian: _____	( ) _____	( ) _____
Parent/Guardian: _____	( ) _____	( ) _____
Other: _____	( ) _____	( ) _____
Doctor: _____	Phone: ( ) _____	

**Parent's Medical Release and Liability**

I hereby give the event directors permission to secure any needed medical attention for my child in the event I cannot be reached in an emergency, and I give my permission for the doctor, hospital, or medical service to provide emergency medical or surgical care at my expense. I release the Central Rocky Mountain Region of the Christian Church (Disciples of Christ), and the directors in charge of the event, from all responsibility for sickness and accidents during the Fall Retreat 2025 at South Broadway Christian Church in Denver, Colorado.

I understand that as the parent/custodian of the youth whose name appears on this form, that I am responsible for any damage done to property by my youth. I also understand that any behavior my youth exhibits deemed un-Christian-like, dangerous, or disrespectful will result in my youth being sent home, and that I will bear the responsibility for the expense of the return trip.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_